

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### SKILLED NURSING CARE FOR THE GREAT MIDDLE CLASS

SKILLED nursing care for the great middle class is a subject which has been brought before the nursing profession upon a great many occasions and in a variety of ways.

We are all agreed practically that this class of people, as Miss Riddle expressed it at the Convention in Washington, "to which we all belong," and which politicians say make up the backbone of the country, are entitled to the best of skill and the most intelligent care that the nursing profession can provide, and yet after years and many discussions the situation remains practically unchanged in this country.

The rich are provided for in time of illness because they can pay; the poor are provided for because someone pays for them; but the well-to-do mechanic and the families of small-salaried clerks and professional men must get along with either no nursing at all, except what can be given by members of the family, or be cared for by untrained women, —women of all kinds and classes and degrees of intelligence, too many of whom are lacking in the simple principles of good nursing to in any way fill adequately this great gap left unfilled in the present distribution of skilled nursing service.

It is not necessary to discuss this side of the question in further detail; we are all perfectly familiar with the situation; the question is, What are we going to do about it?

All of the questionable schools of the short-course and correspondence variety are trading upon the situation. The promoters and proprietors of such training-schools can get the public ear, the public sympathy and the public money to an unlimited extent because they claim that they are training nurses especially for the poor and to supply this need. These schools are increasing all over the country; they are being supported by sentimental philanthropists on the one hand and by earnest, conscientious people who are not intelligently informed of the true motive lying back of at least the majority of such schools—the reaping of dividends.

So long as the great nursing body leaves the well-to-do middle class unprovided for, we must expect the short-course schools to continue to flourish, and criticism either of the people who organize such schools, the physicians who employ such nurses, or the patients who must be satisfied with such service is useless and inconsistent.

Again we ask, What are we going to do about it?

The evil which is at the bottom of this situation is in the fixed, arbitrary, trades-union rate of charge. We hear voices clamoring that "We *do* do charity; we charge our regular rate of \$21 or \$25 a week, and if we find our patients are not able to pay it we give them one or two weeks of time."

There is much service given to the poor by individual nurses in many places, but the *giving* of service does not meet the situation. It is humiliating for a self-respecting mechanic or for a bookkeeper or a high-school professor to accept charity from the nurse called in to care for his young child through a desperate case of pneumonia. We contend that the principle is wrong; that even this practice is not sufficiently universal to supply the needed nursing service to the great middle class, and that some solution of the problem must be reached by which there shall be no humiliating suggestion of charity, when an independent, reputable citizen in moderate circumstances is only able to pay ten, twelve or fifteen dollars a week for the services of a skilled nurse.

While this situation remains unchanged that the great nursing body provides service only for the rich who can pay, and the poor who are paid for, we have little claim to call ourselves a profession, for with a profession goes the obligation of service to others first, and money must be a secondary consideration.

This is a mighty subject which requires the serious, deliberate consideration of nurses everywhere, and should be brought up for discussion at all of our great gatherings of nurses.

## HOW THE TORONTO NURSES ARE MEETING IT.

The nurses of Toronto, Canada, organized a Central Directory about a year ago, the governing body being composed of two representatives from each of the alumnae associations in the city. The registrar, who is also the treasurer, is a graduate nurse. One of the rules of the Directory is that nurses whose names are lowest on the list shall respond to calls for people able to pay from \$8 upward.

If a name stands twenty on the list there is often time for four or five weeks of service of this kind; when the nurse's name reaches the top she is called in and is given the full-rate call in her regular turn, the nurse standing lowest on the list relieving her if necessary.

The Victorian Order in Toronto works principally we understand among people who are able to pay something, and between this and the Central Directory the nurses feel that the well-to-do middle class in Toronto are being amply provided for. The experiment is new and has not been in operation long enough to be thoroughly tested, but it is a very progressive step and an example which other directories and other groups of nurses would do well to follow. We believe the solution of this great problem in the long future will be upon a still broader and more liberal basis.

The fixed trades-union charge must be abolished. If the physician can charge \$10,000 for performing a simple appendectomy, spending only a few hours with the patient, why should the nurse whom he intrusts with the care of the patient day and night for three or four weeks be confined to the meagre charge of twenty-one or twenty-five dollars,—a total of one hundred dollars for four weeks of continuous care, against his ten thousand dollars? And again, when the life of a valuable citizen hangs in the balance and the same physician performs an operation for fifty dollars, why should the nurse still keep to her charge of twenty-five dollars a week when five dollars is all that the man can reasonably be expected to pay? Perhaps the patient has never earned twenty-five dollars a week; he has a wife and children to support; he objects to being a charity patient in the hospital; he is an earnest, conscientious member of the community, and he has a right to stay in his own home if he wants to.

Break down the fixed charge; let the compensation to the nurse be in proportion to the compensation to the physician, and the rich, the poor and the great middle class will be equally well provided for; graduates of correspondence schools and short-course schools, with state registration as a means of distinction between the trained and the un-

trained, will find no field in which to labor, and in the end nurses will earn more money and will be entitled to be ranked with those professions which consider service to mankind before every other motive.

Again, we shall hear the cry, "But the rich will object and the doctors will not be loyal to us," and our answer is that the rich and the doctors must be educated to the idea that the nurses are working for the benefit of humanity and not for the sole purpose of personal gain. Such a reform must be the work of years, but it is time the movement began. With higher education and state registration must be combined a broader sense of the nurse's responsibility to humanity.

### THOUGHTS ON NOTE-TAKING

ONE of our contributors has sent us the following suggestion in regard to note-taking which we most cordially endorse. She says: "I would like to suggest to training-school teachers the perhaps heretical idea that the present mode of treating lectures, by having the pupils diligently scratch down notes as fast as they can while the lecturer is speaking, is stupid and absurd. I have been brought to this conclusion by giving some lectures myself, and experiencing the very disagreeable sensation of talking to nothing, while a body of people in front of me, with eyes glued to the paper, were absorbed in the race of trying to get down as many words as possible. The conclusion was irresistible that the hearers did not really hear, and certainly did not enjoy, the lecture, and I am moved to make the following suggestions as to note-taking. It is of course important that pupils should get all the definite points of a lecture straight, for in lectures much new material is presented which is not in the books, and it is essential that it should be preserved as valuable material for study and reference. But why should all the class try to put down every word for fear of not knowing how to select the most important, and so missing something which will be needed afterward? The personality of the lecturer is also, often, an important element in the training of the pupils, and this is entirely lost under the note-taking system. The words of the lecturer might as well be recited by a gramophone.

"Our suggestion is that one competent person take notes of lectures, afterward preparing a well-articulated syllabus and giving all important and leading points of information, and that the rest of the class listen in a quiet and serene frame of mind, prepared to enjoy the lecturer and to get the effect of his personality. At the close of the lecture, the prepared syllabus should be ready for each one to refer to, and each can



then put down in her own note-book the points which are important, adding as much of her own recollection or impression as she can. I believe a vastly greater interest and a much increased intelligence of understanding would be evident under this plan. Hitherto it has been too much the plan to treat lectures as if they were a puzzle which every one must solve without assistance, or be disgraced. On the contrary, we should look upon them as unpublished books, of which the advance sheets are placed at the disposal of the students. And the lecturers will like it better, too."

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### ANOTHER NURSE MAKES A HOME

FROM month to month our readers have been deeply interested in Miss Melanac's account of her Michigan farm. Now we are told of another nurse who is returning to Nature. Mrs. Agnes S. Gladding, formerly superintendent of the Auburn (N. Y.) City Hospital and the Moses Taylor Hospital at Scranton, Pa., will in April settle on her farm near Hadley, N. Y., in the Adirondacks, and will make it an attractive home for a few invalid, delicate or nervous children. Wawonaissa Lodge, as it is called, has an elevation of almost 1000 feet, and the air is considered especially pure and invigorating. The farm covers sixty acres of woodland and meadow, and a better site for such a purpose would be hard to find. Mrs. Gladding has had much experience with children, and her idea is the outgrowth of the fact that many parents who feel that their children ought to be under skilled care are unwilling to send them to sanitariums where ninety-nine per cent. of the patients are adults and the home atmosphere is of necessity lacking. At the Lodge, in addition to the care of a skilled nurse, they will have the best and most nutritious food delightfully cooked, as Mrs. Gladding has associated with her Miss Cornelia C. Bedford, a well-known cooking teacher and lecturer, who has given courses in dietetics at Bellevue and other leading hospitals. That the home atmosphere may be preserved the number received will be limited and out-of-door life and pleasures will have a prominent place in the treatment. No contagious cases will be received. Mrs. Gladding's plans are commended by many physicians who know of her work in the hospital field.

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### HOME NURSING

UNDER the auspices of the Young Women's Christian Association of Cleveland, Ohio, a course of twenty-four lessons on home nursing for

the benefit of young mothers is given by Miss Mary Jean Hurdley, graduate of the Farrand Training-School, Harper Hospital, Detroit, Michigan; also four lectures on medical emergency, surgical emergency, care of children and home hygiene, given by Doctors C. E. Briggs, Carlyle Pope, John Darby, Edwin H. Seasons; also four lectures on dietetics by Miss Monell, of the Pratt Institute.

The first lesson was given on March 5 to a class of thirty-four members. It was taken up most enthusiastically. The course was mapped out by Mrs. Hunter Robb, Miss E. Maud Ellis, Principal of Nurses, Lakeside Hospital, and Miss Mary Jean Hurdley.

The idea is quite a new one in Cleveland and it is hoped with the assured success to open new classes in the autumn.

Five dollars is charged for the course of lessons, two weekly being given.

This is a legitimate kind of home nursing and such instruction should always be controlled by nurses who can discriminate between strictly home nursing and professional nursing. That the average mother is sadly ignorant of the simple household methods for caring for the sick is much to be deplored. We often wonder how so many people escape death when we consider the ignorance of the average mother of the most simple laws of health.

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#### OBITUARY NOTICES

Of late the formal obituary notices sent to the *JOURNAL* for publication have increased very much, so greatly in fact that it has become difficult to make space for them all in any one number. We have had to take up seriously the question of economy of space in recent issues, and it has been shown to be the consensus of opinion that the formal resolution as passed by the alumnae associations should and ought to be sent to the family, but that for *JOURNAL* publication it would be better, for a number of reasons, for the associations to send a brief death announcement with a sketch of the nurse's life, in just the way that such notices are published in the *Journal of the American Medical Association*. This we believe would be more satisfactory to the profession at large, as giving in brief the facts about the nurse's working life, and would save, in signatures alone, two or three lines of space to each notice.

One of our correspondents in replying to our letter in regard to this matter, expressed the opinion that formal resolutions should be abolished

in the pages of the JOURNAL for the great rank and file, but that there should be no restrictions in case of a death of one of the "shining lights in the profession." This we do not agree to, however, as we see no reason why the form should not be the same in one case as in the other, the only difference being in the number of lines occupied in chronicling the achievements of the woman of greater note.

Both marriage and death notices we consider very important items in every number of the JOURNAL published, but the increasing demand for space requires us to adopt a form which shall be uniform for all and the same in every JOURNAL. In the past we have published such notices in the form in which they were sent. Hereafter we shall change the form when necessary.

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#### CHANGES IN THE JOURNAL STAFF

WE take pleasure in announcing to our readers that Mrs. d'Arcy Stephens, of Orange, N. J., has consented to act as the collaborator for the JOURNAL in New Jersey. Mrs. Stephens graduated from the Orange Training-School in 1890. She has been twice elected secretary of the Orange Alumnae, was the delegate to the Berlin Congress, and is this year the president of the New Jersey State Association. Mrs. Stephens is one of the married members who continues to work for the progress of the nursing profession.

We regret to announce the resignation of Miss Frances M. Quaife, who has resigned her position as Superintendent of the Touro Infirmary and is leaving Louisiana for an indefinite time. Miss Quaife has done most excellent work for the JOURNAL during the short time she has been on the staff.

We announced some time ago the resignation of Miss Elizabeth R. Scovil as editor of the Department of Medical Notes. Fortunately for the JOURNAL Miss Scovil's plans were changed to some extent and she has been able to continue her work on the staff, her residence being now in St. John, N. B.

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#### THE DEVELOPMENT OF NURSING JOURNALS

IF there are any nurses in the East who are laboring under the impression that there is nothing doing on the Pacific Coast, we advise them to read the *Nurses' Journal of the Pacific Coast* for March. Each number of this quarterly gains in interest and literary excellence, and

we hope another year will see it published as a monthly, taking a recognized place in the journalistic world.

The *Johns Hopkins Alumni Magazine* is fast ceasing to be an alumni magazine and might well change its name and scope to that of the "Maryland Nurses' Journal," as it already represents more than the interests of one school.

The *Illinois Quarterly* is broadening its scope and the *Alumni Magazine* of the Illinois Training-School is keeping pace with the others. There is no line of development showing more marked progress than in the nursing magazines managed by nurses in this country.

The *Canadian Nurse* has developed much during the year. It is reported that it may be taken over by the Ontario Nurses' Association in the near future and the editorship placed in the hands of one of its own members. As the organ of the Alumni Association of the Toronto General Hospital it has done good work for Canada, but it lacks the editorial spirit that we find in the other nursing journals referred to.

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#### THE SUPERINTENDENTS' MEETING

We give in the official department an incomplete program of the Society of Superintendents of Training-Schools, to be held in the Academy of Medicine on Forty-third street, New York, on April 25, 26, and 27.

The secretary, Miss Nutting, is ill with diphtheria, and it is quite impossible for Miss Goodrich, the president, to complete the arrangements in time for a full announcement in this issue. The members may be sure, however, of a most interesting meeting and that every provision will be made for their comfort and entertainment.

To those who do not know the hotels that are recommended by the committee, it may be of interest to know that the Westminster, Sixteenth street and Irving Place, East, has been the meeting-place of the JOURNAL directors and the State Board of Nurse Examiners for some time. It is conveniently situated near the Fourth-Avenue car line that passes down that avenue from in front of the New York Central Station. It is plain and comfortable, and not too expensive for working women.

As we go to press we learn from Miss Goodrich that the question of Economy in Hospital Work and Administration will first be taken up by Dr. John Brannon, President of the Board of Bellevue Hospital, who is one of the leaders in reforms along these lines in New York. There will be a paper on Children's Hospitals by Miss Mariana Wheeler, Nurses'

Homes by Miss Shaw, The Purchase and Use of Domestic Supplies by Miss Lena Lightbourn, The Hospital Laundry by Miss Lucy Walker, and The Management of the Laundry in Small Hospitals by Miss C. D. Noyes; the Purchase and Care of Drugs by Miss G. M. Nevins, Surgical Supplies and Equipment by Miss Anna Ross, Economy in Operating Room Technique by Miss Anna Jamme, a report on the Affiliation of Training Schools for Nurses by Miss Helena McMillan, a paper by Miss Dock and an address on the Red Cross Nurses by Miss Mabel T. Boardman, a member of the Executive Committee of the American Red Cross Society, Washington, D. C.

The Executive Committee are planning to make Wednesday and Thursday afternoons open sessions to all nurses.

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#### PROGRESS OF STATE REGISTRATION.

**NEW JERSEY.**—The executive committee of the New Jersey State Nurses' Association are preparing amendments to their bill which shall embody the best points in all of the other state bills now in operation. These amendments will not be presented until next winter, but in the meanwhile an active canvass will be carried on throughout the state to secure the coöperation of all nurses and to enlighten the general public. The training-schools in New Jersey have been, we understand, very indifferent in regard to the whole matter of state registration, and it is to be hoped that in this movement to improve the law not only the heads of the schools but the members of the boards of control will exert a greater influence than they did when the original measure was under consideration, to make the registration law in New Jersey more effective than it is in any other state. Every measure passed should gain a little upon what has been done in other States.

**DISTRICT OF COLUMBIA.**—The nurses' bill for registration in the District of Columbia has been very much amended and is now being held up by the committee in the House of Representatives.

**IOWA.**—As we go to press we learn that the Iowa nurses have wisely withdrawn their bill rather than accept the condition that the Legislature would grant.

**MARYLAND.**—The amendment to the Maryland bill by which a certain class of schools should be privileged to send nurses out as a means of revenue was defeated, by vigorous effort on the part of the nurses.

**NEW YORK.**—The Cooper bill introduced into the New York Legislature, which had for its object the repeal of the existing law and the substitution of a nursing commission composed of physicians drawing



high salaries, was defeated. A strong delegation of representative nurses with a number of medical superintendents of hospitals went to Albany to attend the hearing. The promoters of this bill claim (?) to be working in the interests of nurses, and say that the matter will be brought up again each year until passed. An attempt to amend the present law, to abolish the Nurse's Board of Examiners and substitute a board composed of medical men is the latest. It is not expected that this amendment will get out of committee, but vigorous action is necessary on the part of the nurses of the State when such measures are attempted.

#### THE LAST PRACTICAL EXAMINATION.

It has been found necessary to hold one more of the practical examinations in New York state, on the last day of the period of the waiver, April 26. Graduates of schools that have failed to conform to the registration requirements should take advantage of this last examination, in order to be registered.

OHIO.—Ohio has a bill before the Legislature of high standards, and with a fair prospect of being passed.

CANADA.—The Ontario nurses have a bill before Parliament providing for the registration of nurses in that province. The objects of the bill are practically the same as in the United States, but the form is very different, and from an American standpoint the bill is not as liberal as we would like it to be. We realize, however, that conditions in Canada are much more conservative than on this side. The hearing before the committee of the whole on the morning of March 9th, was a very interesting occasion, when a large delegation of nurses appeared in support of the measure. The bill was fathered by Mr. St. John, speaker of the House, and the attitude of the members seemed to be friendly. There was practically no opposition expressed. Mrs. Hunter Robb and Miss S. F. Palmer were by chance in Toronto on that day and the speakers in support of the bill were Miss Eastwood, superintendent of the Victorian Order, of Ontario; Dr. Helen McMurchy, editor-in-chief of the *Canadian Nurse*, who appeared to be the mistress of ceremonies; Miss M. A. Snively, superintendent of the Toronto General Hospital; Miss Brent, superintendent of the Children's Hospital; Mrs. Pafford, Miss Mitchell, and others. Mrs. Robb and Miss Palmer were invited to tell of registration in the United States. Mrs. Robb gave an outline of the progress of registration on this side and closed her remarks by taking exception to the composition of the council,—the bill under consideration providing that there should be eleven nurses, members of the Ontario Nurses' Association, three of them to be superintendents of

training-schools, with *four medical practitioners*,—taking the ground that registration had for its ultimate end the placing of nursing upon the basis of a profession and that in order to be a profession the management of all such professional matters must be in the hands of nurses themselves, emphasizing the fact that it was not because of antagonism towards physicians but for purely professional motives that she advocated a council composed entirely of nurses.

Miss Palmer, who was the last speaker, explained the effect of registration on the training-schools of the New York law, stating that the object of her visit to Canada was to inspect for the New York State Education Department the training-schools of Ontario that were applying for registration, that their graduates working in New York state might enjoy all of the privileges of the New York statute. She emphasized the fact that in the administration of the registration laws in the United States there had been no discrimination against Canadian nurses, but that they had been given full recognition in the organization and educational life of the states, and that in at least two states Canadian nurses who were British subjects were serving on the board of examiners. She called attention to that clause in the bill which provides "that no person shall be eligible to serve on the council, who is *not a British subject*, resident in Ontario," as being illiberal towards the nurses of other countries who might be living in Canada, as registration was a strictly educational measure and not a political one.

Miss Palmer's criticism gave offense to some of the Canadian nurses, who looked upon her comments as "American cheek." We are inclined to think that at least a few of the Canadian nurses have lost sight of the fact that registration is not a local measure, that it is a broad professional movement, that the standards set in one state or country affect the nurses in every other state or country, and that in the framing of such laws every effort should be made to have the essential points as nearly uniform as possible, that reciprocity between states and countries can eventually be entered into without having to tear down and reconstruct.

There are many nurses of the broader liberal type in Canada, but they are in the minority in the registration movement, and those who are leading would seem to be too much under the dominance of outside influence.

In the liberal group we think may be found nearly all of the Canadian women trained in the United States who have returned to Canada, and the superintendents of training-schools so far as we know them. We hope that the criticisms made by Mrs. Robb, a noted Canadian living in

the United States, and Miss Palmer, who is one of the American leaders in the registration movement, may at least set the conservative party thinking. In a woman's movement based upon educational principles there should be no attitude of exclusiveness shown between states or countries.

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#### MISS SUSAN B. ANTHONY.

MISS ANTHONY's long and wonderful life, spent in the determination to win legal justice for women and to obtain equal suffrage for them, has come to a peaceful and glorious close.

Few women who enjoy to-day the opportunities of a liberal education, the right to work, and the greater social and legal advantages of our time know or dream for a moment that these advantages have come to them as a result of the life-long labors of Miss Anthony and a group of like-minded fearless women, Mrs. Elizabeth Cady Stanton, Lucretia Mott, Lucy Stone and their friends and followers.

From ocean to ocean the public press has reviewed the life of Miss Anthony, and incidents in her life when she was received with scorn and showers of rotten eggs have been referred to with pride and deference for the woman. Her home city, slow to accord her recognition in those early years, has of late paid her every tribute of respect.

Upon the day of her funeral flags hung at half mast by order of the mayor; her body lay in state during the greater part of the day in a large church in the centre of the city and thousands upon thousands of her fellow townspeople looked upon her face, many of them for the first time, so unostentatious had been her life among them.

The New York State Senate upon the motion of Senator W. W. Armstrong, adopted a joint resolution extending the sympathy of the people of the state to her family, the same honors which are accorded to our most noted men and which have never before been extended to a woman in this country.

Telegrams of sympathy from all over the world poured in to the simple little home to the sister who had shared in all her years of effort; and so a life full of achievement, for the up-lifting of her sex but bereft of success in its one great object, has closed, the greatest among the women of her time.

The vitally important thing for nurses to remember in connection with the life of Miss Anthony, is that she and her associates were the first women to secure recognition from the Legislature in bring-

ing about changes in the laws affecting women wage earners, thereby opening the way for the legislation that nurses have been able to secure for the protection of the public and themselves through State registration.

Miss Anthony was present at the meeting of the New York State Nurses' Association held in Rochester, October 21, 1902, giving a short address of welcome to the members in which she endorsed the ideas of higher education for nurses. She had been ill and it was supposed that she would not feel strong enough to remain through the meeting; she stayed to hear the first draft of the New York bill read, and was so much interested that she remained through the morning session, returning again in the afternoon and listening attentively to the discussion, not leaving the platform until the meeting was nearly ready to adjourn. So the nurses of the state may take great glory in the fact that the New York law for the registration of nurses, which is proving to be such a powerful factor for the higher education of nurses, was framed while she listened and approved; and when obstacles arise, take courage from the example of her courageous and majestic life.

The object for which she labored for sixty years, the franchise for women, has yet to be achieved by the great army which she rallied to the cause. No one more than nurses enjoy the fruits of her labors or owe her memory greater allegiance.

**IRREGULAR SCHOOLS FOR NURSES**

By MRS. E. M. SIMPSON

Graduate Johns Hopkins Training-School for Nurses; Superintendent of Nurses,  
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NOTWITHSTANDING the fact that irregular schools for teaching the art of nursing the sick have called forth remonstrances from nurses and people interested in nursing from all parts of the country, such schools continue to increase in number and importance.

We are all familiar with the system of sending pupils out of the hospital for private duty to increase its revenue.

Correspondence schools lie in wait all over the country to trap the unwary or to attract those who still hope to find a "royal road to learning."

Added to these we have still another form in the so-called schools for domestic nurses. The idea originated in Philadelphia some years ago when, according to newspaper reports, it has "met with such gratifying recognition and support that its waiting-list now numbers fourteen hundred candidates and the school recently received a bequest of one million dollars to extend its usefulness."

A similar school has recently been organized in Albany under the auspices of the Home and Training-School for Christian Workers, and is affiliated with the Philadelphia school.

An attractive and very plausible circular of information announces the fact to the general public that such a course is available. The name "Albany School for Nurses" is printed across the centre of a blue cover in large black letters. At the top is the quotation, "The love of Christ constraineth us," and in the space below a red cross appears. One is almost tempted to exclaim, "Another evil done in the name of religion!"

Further investigation assures the reader that at the expiration of ten weeks, with the aid of a certain number of lectures by physicians, surgeons and others, without patients or practical experience, its pupils are graduated, receive their diplomas with all the ceremonies and publicity of a regularly-established school, adopt a uniform, have themselves photographed in a group for the newspapers, and are launched upon a long-suffering but credulous public to swell the crowd of half-educated, ill-trained incapables already flowing from such sources and flooding the land. It would be laughable were it not so lamentable.



The Home and School for Christian Workers was incorporated in 1890 under a law passed in 1848, and includes in its departments of work missionary, music, physical culture, and the School for Nurses, which is a recent addition.

The departments of service in the school are as follows: School for Nurses, District Work, Directory for Nurses, Home for Nurses, Nurses' Supply, Dietary.

Two courses of study are open to students—a short course of ten weeks, and a long course covering a period of two years, with an optional third year.

The short course consists of day and evening classes, and lectures, including instruction in anatomy, physiology, bacteriology, materia medica, hygiene and sanitation, dietetics, the principles of nursing, accidents and emergencies, observation of patients, obstetrics, gynecology, care of children and diseases of childhood, contagious and infectious diseases, insanity, general medicine and general surgery. Lectures are also given on the care of diseases of the eye, ear, nose and throat, skin diseases, and the use of electricity.

The head nurse, Miss Manning, a graduate of the Massachusetts General Hospital in Boston, conducts the quizzes on the doctors' lectures and gives a large number of lectures of her own, including special instruction in trained elementary nursing, massage and passive exercises. A graduate of a scientific cooking-school is also expected to lecture on dietetics. For their operating-room experience the class was taken to the large operating-room in one of the large hospitals in this city (the name of which is at present unknown to us) and given thorough instruction in regard to operations and the preparation of patient and nurse for them. This was subsequently illustrated by seeing operations performed. It seems that the students in this school must be endowed with marvellous powers of intellect, for under no other conditions could such a vast amount of knowledge be acquired in a period of time so short. Many of the best physicians and surgeons in the city are on its lecture course, thereby giving it their recognition and support, and making themselves directly responsible for conditions that can never be a credit to the nursing profession.

Candidates wishing to obtain the course of instruction must make application in their own hand-writing on a blank furnished by the school, and give two good references as to character. The class is limited to about forty for convenience of instruction and practical teaching. Apparently there are no other requirements for admission to this course. The school reserves the right to drop from the membership of the classes

unsuitable persons, those who attend irregularly or do not show satisfactory evidence of ability and character. The course is open to all classes of women, and makes no distinction in regard to religion, race or condition. A registration fee of one dollar must accompany the application, and the cost of tuition for the term of ten weeks is fifteen dollars, payable in advance. A further charge of five dollars is made for examinations and diploma. Students live at their own homes or in boarding-houses, the expense of which depends upon their personal habits and tastes.

The long course covers practically the same course of instruction extended over a longer period, with demonstrations (when possible), practical work, and actual nursing in the homes of the poor. Requirements for admission to this course are similar to those of other schools, with the exception of the age limit, which extends from eighteen to forty years. Pupils receive board, lodging and washing "under healthful, wholesome, Christian influences," according to the circular, and in addition to this a cash allowance of eight dollars per month for the first year, ten dollars for the second, and twelve dollars for the third.

It is not our intention to depreciate the work done by any organization that has for its object the relief or betterment of conditions surrounding the poor and needy, and some knowledge of the simpler practical parts of nursing would no doubt greatly increase the usefulness of home missionaries. But the establishment of separate and distinct schools giving in ten weeks, or even longer periods, a course of instruction covering all the subjects taught in legitimate schools during two or three years of actual service, without practical experience, the lack of which makes any amount of theoretical knowledge, a "crude and unprofitable mass," is preposterous. How many members of the medical profession would accept a system so faulty for its students? And where are the patients who would accept the services, at any price, of physicians or surgeons of only ten weeks' experience? And yet the one proposition is no more rational than the other. I quote from the catalogue some arguments in favor of the short-course system: "It teaches the art of nursing in ten weeks—the heart of the art.

"There are evening and day courses, each complete in itself, and supplemented by visitation and nursing among the poor. It is not the long hospital course. It is more practical for home work. It covers a field not heretofore occupied. It takes the essential scientific facts of nursing and simplifies them—presents them in a clear way easily understood.

"It is thorough as to instruction. Its course is compact, not curtailed; practical, not theoretical; sufficient, not exhaustive.

"It has embodied in its course of study, and in the opportunities for practical work every essential feature of the best known and best-appointed schools. It is all clear wit and grit for the sick room. It cultivates self reliance and shows how to make the best use of the things that are at hand. The school is a preceptor in how to do much with little. It deals with how to do things that need to be done in every sick room, *every emergency of injury*. Its mission is too noble to be put into words. Its ethics too evident to be discussed."

Great stress is laid upon the comparatively small rate of charges made by these women. The regularly trained nurse of the present day, they tell us, is a luxury for the rich, quite forgetting or ignoring the great body of earnest women giving trained service to the sick poor, not only in district and settlement work, but among those who form the great industrial classes, either gratuitously or at rates quite within the range of their possibilities. The love of money, however, or the desire to gain it is common to many and the short course will undoubtedly attract the wage-earner anxious to improve her state, as well as the women influenced by the missionary spirit. Having gained independence and a certain amount of practical experience, nothing can prevent such women from fixing the rate of charge at their own valuation of their services.

And that they are not trained exclusively for the benefit of the needy and moderately prosperous another quotation from the circular of information will testify. "Experience has shown that if a nurse can do good work in the homes of the poor her services are acceptable in all homes."

Our experience with women handicapped by the superficial knowledge and inferior practical training given in such schools has shown them to be neither resourceful nor inventive; self assured rather than self-reliant; absolutely useless in cases of emergency, and with unlimited confidence in their ability to do marvellous works.

An Albany surgeon recently found a patient, to whose house he had been called, and about whom he felt some anxiety, in the hands of a nurse of this type. Finding her method of procedure somewhat unsatisfactory, he questioned the young woman rather closely concerning her training, previous experience, ability, etc., to which she replied: "Oh, yes; I've already rescued seven from death." Such use or abuse of the profession of nursing helps us to understand more fully and clearly the great need for higher standards legally established. Nurses who have

the knowledge and skill they profess must be protected against those who only pretend to have acquired that skill. The public who are asked to pay for the care they need in sickness, whether the rate of charge be low or at the customary rate for skilled service, must be protected also from the same evil. And what is of still greater importance, the nursing profession itself must be protected against this great body of women of inferior breeding, education and training, who, whether they undertake domestic or private nursing, pose as nurses, and by their ignorance lower its standards in the eye of the public.

When our pupils are trained from the beginning with the view of entering for state examinations at the end of their course in the hospital, the best women will qualify themselves, first, by securing a good general education, and then enter only the schools where the highest standards obtain. This will do much toward eliminating irregular schools, and with them the incompetent, untrained or poorly trained nurse.

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## THE CARE OF THE BREASTS IN OBSTETRICAL CASES

By KATHARINE DE WITT

Graduate Illinois Training-School for Nurses

### PREFATORY NOTE

IT is the desire of the Editor of the Private Nursing department to receive, for use in this place, papers on practical nursing subjects which shall be not scientific treatises, but accounts of cases, describing the nursing care given to patients from the nurse's point of view. There are undoubtedly many private duty nurses who are deeply interested in their work and who are full of ideas concerning it, who would yet hesitate to write articles on their work for fear they might have nothing new or original to offer. Two facts should be borne in mind. First, if we wait to hear from gifted and brilliant women, we shall have very few, if any, papers; for the great majority of us are possessed of only ordinary ability and can, perhaps, enjoy ordinary papers better than too learned ones. Second, when we consider the hundreds of nurses, all over the world, who read the JOURNAL, we are safe in believing that hardly a suggestion can be made which will not prove new and helpful to some one. In the article following, no new ideas are advanced what is written will be an old story to many, but it is hoped that some one who reads it will say to herself, "Why, I know a better way than that!" and that she will not only think this but will share her wider knowledge with us, that all may be benefited. If the articles published in this department can be thus made a starting-point for questions, answers, and suggestions,—all of which will be considered under the heading, Practical Points,—the exchange of ideas will be helpful to us all.

The care of the breasts and nipples should begin in youth, as too great a pressure from corsets or from tightly-fitting undergarments may, sometimes, result in flattened or depressed nipples. This hardly comes within the oversight of a nurse, however, except in the way of advice to mothers regarding their young daughters; and fortunately the present mode in corsets supplies a very low bust which is no support at all, and which certainly cannot make undue pressure. During pregnancy the breasts of a patient are examined by her doctor, and if he finds the nipples inverted or flat, he usually tells her to manipulate them gently, once or twice a day, drawing them out as much as possible. This handling of the nipples makes some women very nervous, or even nauseated, and in such cases it should be discontinued, as most bad nipples can be improved later by means of a nipple shield. Formerly, different washes for toughening the nipples and preparing them for nursing, were much used, such as alcohol, alcohol and water, a solution of tannic acid in glycerine, etc. Now, most physicians advise the patient simply to keep the nipples perfectly clean by means of gentle bathing. If crusts form on the surface, they may be softened by using some emollient,—white vaseline, albolene, or cocoa butter. Every well-trained nurse is taught that, from the moment a child is born, the breasts and nipples are to be kept in as aseptic a condition as possible. The breasts should be covered with a broad strip of sterile gauze, ample enough to protect the whole breast surface, over this is fastened the breast-binder. The breast-binder is a familiar article to most obstetrical nurses, but I have occasionally met one who was not accustomed to the kind commonly used, or who thought a towel with shoulder straps just as good. It should be made in this shape, and is far more comfortable than a towel. The long part of the binder is placed under the back, drawn under the arms, and is pinned in front, the breasts, meanwhile, being lifted and held in place by the patient. The shoulder-pieces are pinned over after the rest is properly adjusted, and need not then be unpinned again until the binder is removed at bath time. At nursing time all the pins in front are removed, and the gauze is carefully rolled under and away from the breast to be nursed, not carelessly brushed aside to collect stray germs and carry them back to the nipple again. The patient must be taught how to do this, and must be carefully instructed by the nurse, as soon as she is strong enough to listen, not to touch the nipple with her fingers and not to allow anything to brush against it when it is uncovered. When a baby is brought to its mother, she is apt to forget all precautions, and the baby's shoulder, with its covering of knit blanket, is drawn across the nipple. The nurse must



always be on the watch to prevent such accidents, for an ounce of precaution in these respects is worth a pound of cure later. The usual method of treating the nipple is to wash it with boracic acid solution before and after each nursing. The best way of applying this is by an applicator, a tooth-pick wound with cotton. Several hundred of these applicators should be prepared before the birth of the baby, and should be done up in small packages and carefully sterilized. A jelly glass, with a glass or tin cover, should also be boiled and carefully wrapped and put away, ready to receive them when the time comes for their use. The boracic acid solution is contained in a small, sterile, wide-mouthed bottle. By using applicators, instead of sponges, and by being careful never to touch the cotton part with the fingers, many chances of infection are excluded. A nurse should never, never change a baby's diapers and then proceed to prepare the breast for nursing without first thoroughly washing the hands. As a rule, the baby's mouth is let alone, but a few physicians still prefer to have it washed before a nursing. This must be done gently, as it is easy to cause an abrasion on the mucous membrane, which is painful to the child and a starting point for trouble.

The engorgement of the breasts on the third day, which often occurs, and is so painful, can sometimes be prevented by limiting the amount of liquids given during the first few days. The taking of much milk at this time will not hasten the arrival of the milk, but may aggravate the discomfort of the patient when it does come. This first engorgement, however, is not wholly caused by a flood of milk, but also by distended veins and lymphatics. For this reason, the use of a breast-pump relieves the patient only a little. A very firm breast-binder is the most rational method of relief for a distension which will soon pass away of its own accord. Even after nursing is well established, different portions of the breasts may at times seem hard. If the hard part is stroked gently while the baby nurses, it will usually become soft.

The nipples are almost always sensitive for the first few days; they have to grow accustomed to their new task; and they are often particularly painful before the milk supply is established. For this reason, it is better not to put the baby to the breast too often at first, and not to let it remain too long; a nursing once in six hours is enough to keep up the nursing habit in the baby, and from three to five minutes is a sufficient length of time for it to remain. By the middle of the second day, the interval can be reduced to four hours, and when the milk appears, to two and a-half or two, whichever is to be the established period. A two-and-a-half-hour interval between meals by day, and a

four-hour interval at night, give eight meals in the twenty-four hours, which are enough for a normal baby, and give the mother more rest than the two-hour intervals do. The milk supply depends, for its continuance, upon good health in the mother, and upon her having wholesome food at regular intervals and in proper amounts, plenty of sleep, and a quiet mind. Sleep is a most important factor. A mother who is wakened every two hours all night to nurse her baby, is too tired to produce a good food, and the baby may be wakeful and fretting on account of the deterioration in quality, which could be remedied by giving it hot water to drink, and letting the mother have the rest which is so needful for the good of both. To overload the mother's stomach with all sorts of liquids, many of which are distasteful to her, is a method of upsetting her digestion without aiding the milk supply. All good, wholesome food helps it, though probably milk, cocoa, cereals, and gruels are a more direct aid. Many kinds of food which are not directly useful to the baby are so to the mother as an aid to her appetite, which must be carefully watched, as it is easily sated by a preponderance of milky viands. Foods which disagree with the mother in health must, of course, be omitted, but fresh ripe fruits, in season, can usually be given safely, and simple salads with a French dressing are a wholesome as well as an appetizing addition to the diet. Lemon and orange juice do not affect the milk badly, but very strongly flavored vegetables do, such as onions, cabbage and cauliflower. Most vegetables are useful, particularly carrots and beets. A nursing mother can usually take three good meals a day, with additional drink in the night. Many like also the morning or afternoon glass of milk, and this will digest better if crackers are given with it, but none should be given when the patient feels that to take it will be an effort. In providing a diet for a wet-nurse, a great many people make the mistake of giving her too delicate food. She is not used to it and longs for the heartier and plainer fare to which she is accustomed and on which she will really thrive better.

To go back to the actual question of nursing. The position of the baby at the breast is a most important one. When the mother can sit up and hold the baby, she can usually adjust it comfortably, but when lying down she cannot judge as well how it lies, and often gets its head at a distressing angle, or has its body too low, so that the baby is reaching up for its dinner. In such a condition the baby will stop nursing from sheer fatigue before its appetite is appeased. The most comfortable position for the baby is to lie flat on the bed, the mother turning toward it to nurse it, but this proves tiresome to some women, as the arm nearest the baby has to be held up out of the way. If the baby

lies on the mother's arm to nurse, which is a more natural position, the nurse must see that it is properly held to begin with, and must look at it occasionally to adjust it, if it is slipping away from the breast. A pillow tucked at the mother's back is a great relief to her, for she often holds herself in a strained position without realizing it, and is tired when the nursing is over. Toward the end of a nursing, or when the baby is not very hungry, it often slips away a little and bites on the end of the nipple. This is always painful and increases the sensitiveness of the nipple. The patient must be urged to tell when such "nipping" begins, for there is no virtue in bearing it heroically, as the baby is getting no food when doing this. The nurse must put her finger gently between the baby's jaws at the back of the mouth and remove it entirely from the nipple. If still hungry, it will soon take a new and better hold. If it is always removed when it nurses badly, it will soon learn to do better.

If the nipples are very sensitive and painful at first, or if an abrasion appears, a nipple-shield of glass and rubber, of the simplest pattern, should be used. This should be thoroughly washed and boiled before being applied, and a finger-bowl containing boracic acid solution, enough to wholly cover it, should be in readiness to hold it after it has been used and washed thoroughly. In order that the nipple-shield may work well, the rubber tip must fit very tightly over the glass, and the glass part must be held by the mother tightly against the breast. Sometimes it is necessary to wind the rubber part with silk thread to bind it tightly, though it is thus rendered difficult to clean. The shield should be filled with sterile water before being applied, and the mother must turn toward the child in such a way that it will be pulling straight and keeping its mouth directly against the little bone shield which gives it a brace. If the shield is put on empty and the milk is hard to start, a listless baby will become discouraged and will not suck after the first few fruitless attempts, but the shield filled with warm water usually gives it courage to go on, and the milk, as a rule, begins to come before the water is gone. If the milk is very slow in starting, and the baby feeble or reluctant, hot sterile cloths can be applied over and around the nipple, for five minutes before the nursing, after which the milk comes easily; or a breast pump may be used just long enough to start the milk and to draw enough to fill the shield. This method may be tried, also, when a baby refuses to nurse from the breast, as sometimes happens. As a rule the nipple-shield need not be used through the whole nursing, except where there is an abrasion on the nipple to be protected. If the nipple is merely sensitive or is flat so that the baby cannot grasp

it unaided, five or ten minutes' nursing with the shield will be enough and the baby can then be put directly to the breast to finish its meal. When a patient has a very abundant milk supply, and the baby eats too fast, getting its whole meal in a few minutes and then crying from discomfort, the nipple-shield is of great use. If put on at the beginning of a nursing, during the first rush of the milk, the baby will get all it needs, but with greater moderation and comfort. Lead nipple-shields, which are not perforated, are often a great comfort in preventing any pressure or rubbing from the clothing. These, also, are first washed and boiled and are then put over the nipples, held in place by the binder, and are worn all the time between nursings.

If a fissure, however tiny, appears on the surface of the nipple, all precautions must be taken to guard it from infection and to prevent its becoming enlarged. The doctor will usually touch it with a weak solution of nitrate of silver or will order the nurse to do so, and the baby will either be taken from that breast for a time or nursed from it at longer intervals. A fissure will heal quickly with rest and care, unless the nipple is badly shaped, when it may be very obstinate.

If a small red spot, feeling sensitive to the touch, appears anywhere on the breast surface, the doctor must be notified at once, especially if the patient has also a chill and rise of temperature. If the trouble seems merely local, treatment by hot compresses, if instituted promptly, will often relieve it. A compress of linen is boiled to make it sterile and is wrung out of hot water, (not too hot to be borne by the hands), is put over the sensitive place and covered with oiled silk and flannel. The binder is then pinned as usual, and the compress is left alone until the next nursing, when another cloth is boiled to replace the first one. If the doctor fears mastitis he will order a saline cathartic for the patient; and for local treatment, either regular fomentation, changed every few minutes, or ice-bags. If ice is used, the patient feels chilly at first, until she is used to them, and she must be kept warm with hot-water bags. She will sometimes need one at her feet while the treatment lasts, from twenty-four to forty-eight hours. The baby, in this case, cannot nurse from the affected breast until the trouble is over, and must be fed from a bottle, alternately with nursing from the other side. When the ice-bags are removed, the milk must be taken from the breast with a pump and discarded, as it will not agree with the baby.

If the patient is a cleanly woman, and the nurse is conscientious and faithful in her care, there should be no chance of external infection. Possibly inflammation may arise from conditions within the breasts, themselves, but the nature of it is not as yet clear.

**THE BOSTON FLOATING HOSPITAL**By **ROBERT W. HASTINGS, A. M., M. D.***Resident Physician*

THAT the Boston Floating Hospital is well known by the nurses of the country as an excellent place in which to take a post-graduate course, is shown by the fact that since the Training-School started, in 1899, 113 of them have received diplomas. These nurses have graduated from hospitals located in sixteen States and in Australia. In 1905 there were 32 who passed the necessary examinations for practical work and knowledge, shown by written answers to questions.

Perhaps a copy of these questions may be interesting:

**NURSES' EXAMINATION****POST-GRADUATE SCHOOL OF THE BOSTON FLOATING HOSPITAL, 1905**

**EXPRESS YOUR MEANING CLEARLY. RE-READ YOUR ANSWERS.**

1. What points should be noticed about the dejections of infants?
2. What precautions would you take to prevent reinfection while caring for a case of intestinal inflammation in an infant?
3. Describe the principles of treatment of diarrhea, due to bacteria, in infancy?
4. What is the best food for babies? Why? Are there any exceptions?
5. In caring for a premature baby, what signs would lead you to think it progressing (a) favorably? (b) unfavorably?
6. Tell what you know about the respiration in childhood.
7. What food should be given a child with an acute infectious disease, who has no diarrhea?
8. Describe the administration of chloroform to a child.
9. Describe the cry of pain; how does it differ from that due to hunger?
10. Describe the condition known as imperforate anus.

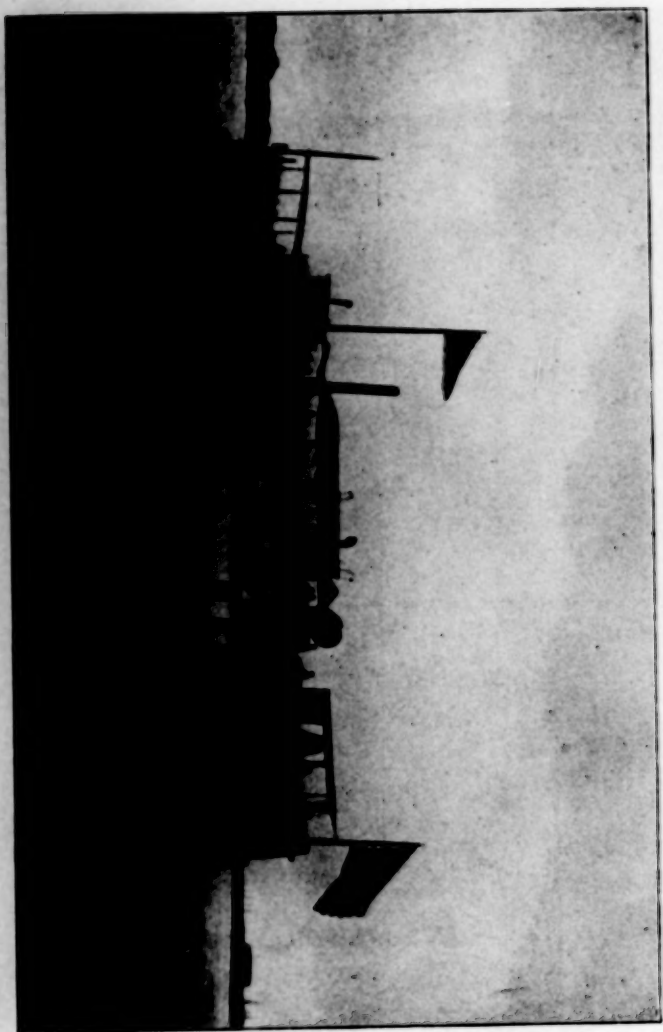
To prepare them for this written examination, eleven lectures are given by the visiting staff, notes taken, later written out in full, and corrected by the Superintendent of Nurses, who also conducted quizzes. Collateral reading is furnished to such as can make use of it.

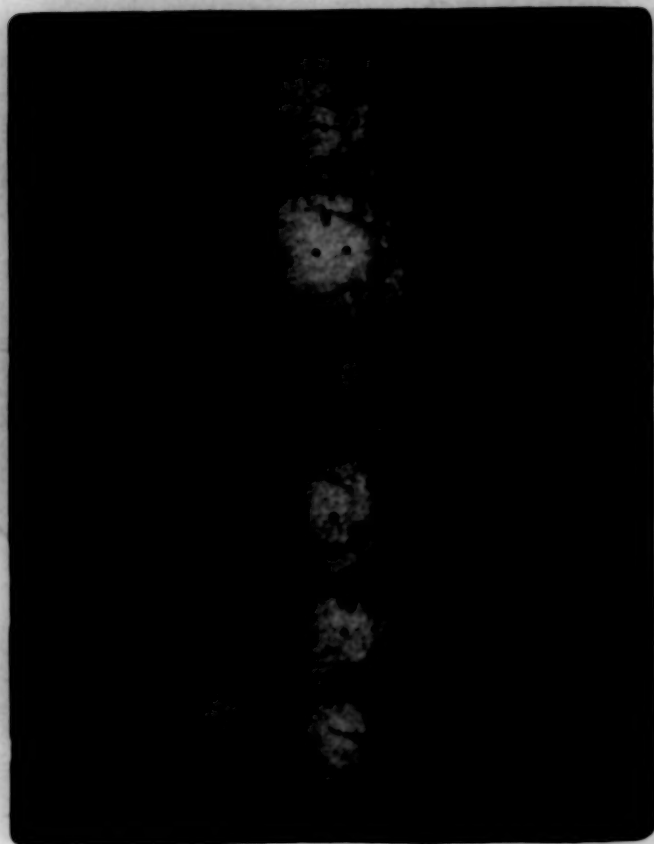
Practical instruction is also given by the doctors. Last summer in the ten weeks from July 6—September 13, there were treated in the wards 279 patients; 24 had bronchitis, 7 broncho-pneumonia, 10 convulsions, 106 fermental diarrhea, 76 ileo-colitis, 26 purpura, 24 toxemia, etc. Many had two or three diseases at the same time or while in the hospital. The clinic is a varied one, though of course summer diseases predominate.

Besides the ward patients, whose care is conducted very much as in any large hospital, there are the day patients. These come in the morning and stay all day on the upper deck, returning to their homes in the afternoon. During the season of 1905 there were 686 such individual



THE BOSTON FLOATING HOSPITAL, 1915

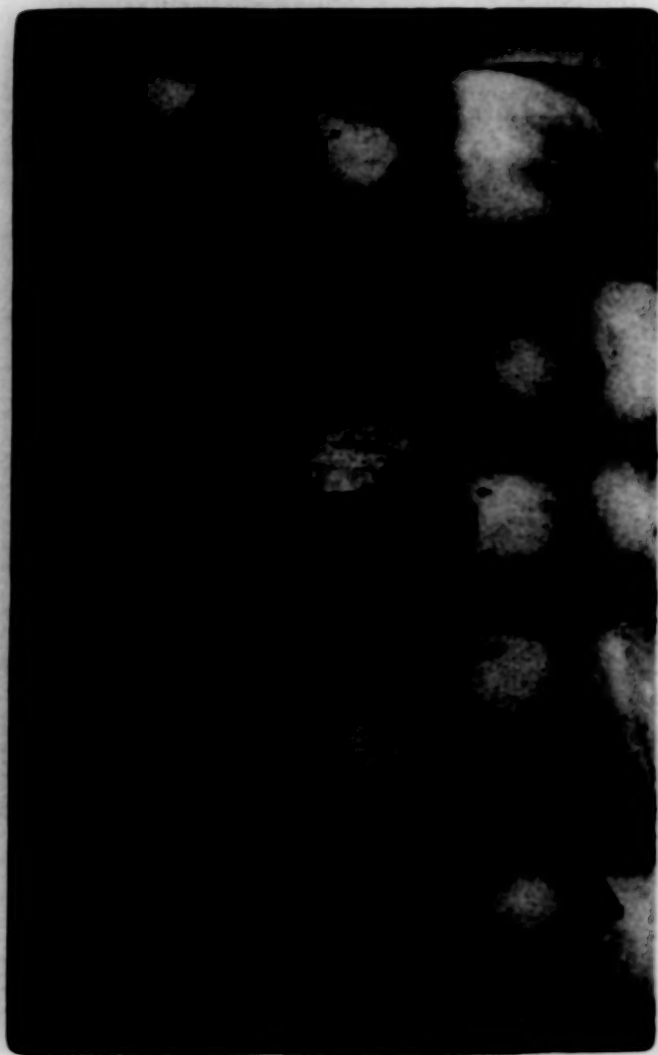




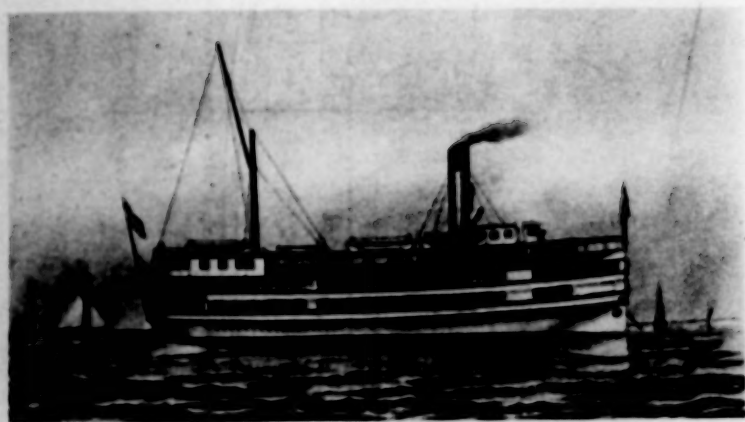
RESIDENT PHYSICIAN AND ASSISTANTS 1965



A WARD IN THE OLD BOAT

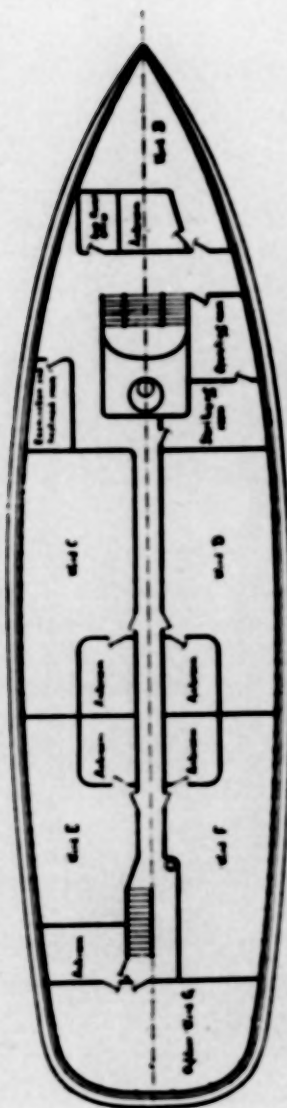


THE NURSES, 1909



THE NEW BOAT AS IT WILL APPEAR WHEN COMPLETED





THE NEW BOSTON PLATING HOSPITAL—WARD FOR PERMANENT PATIENTS

patients, and there is the same variety in their diseases as there is among the ward patients. The nurses are also carefully instructed in the practical work of preparing different kinds of foods for babies, as well as numerous special methods of treatment useful in the severest cases. Of these last there is an unusual number, for the hospital is very often the place of last resort, all hope elsewhere having been given up.

Meals to the nurses are served in their own dining-room. There are the same regular hours off for rest and the same sharing in night duty as in any large hospital. A special resting-place is provided for the mid-day hour off, for the work over sick babies is recognized to be exhausting as well as interesting and instructive. Sleeping-rooms are found in the entire upper floor of the largest hotel in East Boston, situated within easy walking distance of the wharf where the boat is tied up at night.

Such careful attention by the trustees for the welfare of the nurses has always secured applications largely in excess of the number whom it has been possible to accept. But this year we are to have a new boat with a capacity practically double that of the old boat. There will be six large wards, besides an emergency ward and the open upper deck; 100 patients will be much better accommodated than the 57 in the old boat. Everything will be larger and more complete. The boat is being built for this special purpose. There is none other like it in existence. All the lessons learned in the twelve years' use of the old boat, known to nautical circles as the barge Clifford, have been embodied in the plans for the new boat. Built of iron, with water-tight compartments, fitted for its own motive power and with its own plant for lighting and ventilating, we have every reason to expect better work even than that which has already made the hospital famous. A peculiar feature with regard to the ventilating is that the air is cooled and dried before being carried to the wards. This is more important at night than in the day, when the boat is anchored far down the harbor where, if anywhere, cool breezes blow. Special emphasis is laid on the cool wards, fresh air, and skilfully prepared foods administered and directed by trained hands for the treatment of the sick babies.

For this larger work probably at least fifty nurses will be needed. All applications should be made to the Superintendent of Nurses, Miss L. A. Wilber, 363 Commonwealth avenue, Boston.

## A STATISTICAL STUDY OF THE EDUCATIONAL OPPORTUNITIES OFFERED IN THE MASSACHUSETTS TRAINING-SCHOOL FOR NURSES \*

By RICHARD C. CABOT, M.D.

1. WHAT is the amount and variety of clinical material available for study in or outside of the hospitals connected with the different schools?
2. What is the quality, quantity and system of the instruction offered?
3. What is the personnel of the teaching staff?

On the answers to these three questions should depend, I suppose, the choice made by a candidate who is seeking the best opportunities for training either as a nurse or as a physician. The third question I cannot attempt to answer, although it is perhaps the most important of the three. In seeking information about the other two questions, the material used by me has been:

- a. The reports of the various training-schools;
- b. The answers obtained by a circular of questions sent to the superintendents of these schools;
- c. Conversations with several superintendents.

The information thus collected is of course meagre and fragmentary. It gives us no basis for general comparison of the different training-schools, and hence I shall make no attempt to compare and rank the different schools, *except in certain particulars*, in regard to which statistical information is reasonably trustworthy.

### THE AMOUNT OF AVAILABLE CLINICAL MATERIAL.

The number of patients seen by each pupil during a course of training depends on:

- a. The number of patients in the hospitals connected with the school during the pupil's term of study;
- b. The number of patients visited outside the hospital or in out-patient departments;
- c. The number of students in the school;
- d. The frequency of rotation from ward to ward or from district to district.

a. The first of these factors is often vaguely stated as the "*size of the hospital*." But it is not the size of the buildings, *nor the number of beds* in them, that determines the magnitude of the work done or of the opportunities offered.

Some hospitals have many beds but few patients. Others with far fewer beds keep those beds full and by frequent changes offer to the student and to the community far greater usefulness than others of greater capacity (unused).

\* Read at the third meeting of the New England Society for the Education of Nurses, December, 1905.

TABLE I.—GENERAL STATISTICS.

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## (A.) LARGE HOSPITALS, 600 OR MORE PATIENTS A YEAR.

NAME	Patients Annually	Nurses	Patients per Nurse	Beds	Monthly Allowance	Remarks
1 Boston City .....	13,005	149	88	935	\$40.00	
2 Massachusetts General, Boston ..	5,000	87	57	301	6.00	
3 Tewksbury .....	4,094	60	68	500	15.00	
4 Worcester City .....	4,058	70	57	235	6.00 to 8.00	1905
5 Massachusetts Homeopathic, Boston .....	3,720	70	53	234	9.00	
6 Carney, S. Boston .....	2,535	43	58	180	5.00	
7 Lynn .....	1,721	28	61	90	9.00 to 12.00	1905
8 Children's, Boston .....	1,505	43	35	100		
9 St. Vincent's, Worcester .....	1,093	22	49	80	8.00	
10 Memorial, Worcester .....	1,062	27	39	60		
11 New England, Boston .....	1,009	35	28	120		
12 St. Elizabeth's, Boston .....	931	33	28	81	7.00	
13 Newton .....	927	34	27	150	6.00	
14 Springfield .....	900	19	47	66	5.00 to 7.00	
15 Salem .....	827	22	39	102	8.00	
16 House of Mercy, Pittsfield .....	825	40	20	125	9.00	1905
17 Lowell .....	796	15	53	75	10.00 to 14.00	
18 St. Luke's, New Bedford .....	771	23	33	65	6.00	
19 Boston Lying-In .....	671	19	35	52	10.00 to 14.00	
20 Waltham .....	599	76	7	110		

## (B.) SMALL HOSPITALS, LESS THAN 600 PATIENTS A YEAR.

NAME	Patients Annually	Nurses	Patients per Nurse	Beds	Monthly Allowance	Remarks
21 Holyoke .....	509	21	24	70	\$9.00	1905
22 Lawrence .....	500	22	22	75	8.00	
23 Frost, Chelsea .....	487	9	54	40	10.00	
24 Malden .....	485	16	30	72	8.00	
25 Clinton .....	483	15	32	30	7.00 to 12.00	
26 North Adams .....	476	14	34	50	6.00	1905
27 Brockton .....	470	14	33	54	10.00	1905
28 Somerville .....	456	18	25	40	9.00	
29 Framingham .....	455	38	12	35		1905
30 Baptist, Brookline .....	398	17	23	39	8.00	
31 Dickinson, Northampton .....	380	12	32	32	8.00	
32 Hale, Haverhill .....	377	12	31	35	5.00 to 9.00	
33 Union, Fall River .....	372	35	10	45	7.00 to 8.00	
34 Barbank, Fitchburg .....	369	15	34	50	6.00 to 10.00	
35 Faulkner, Jamaica Plain .....	368	11	33	30	10.50	1905
36 Morton, Taunton .....	312	9	34	25	10.00	
37 Free Hospital for Women, Brookline .....	308	22	14	40	6.50	
38 Quincy .....	307	7	43	25	9.00	
39 Newburyport .....	307	9	34	24	9.00	
40 Rotch (Infants), Boston .....	297	6	49	24	?	
41 Beverly .....	284	8	35	25	8.00 to 12.00	
42 Franklin Co., Greenfield .....	260	9	28	25	8.64	
43 Gloucester .....	245	10	24	30	9.00 to 12.00	
44 Melrose .....	220	12	18	20	8.00 to 10.00	
45 Charity Club, Brookline .....	197	14	14	29	9.00	
46 Deaconess, Boston .....	195	12	16	14	7.29	
47 Natick .....	146	6	24	12	5.00 to 9.00	
48 Everett .....	116	10	11	15	10.00	

This is obvious in Table I, where I have arranged the principal hospitals of Massachusetts in the order of the magnitude of their work as estimated by the number of *patients per year* (the quality of work is of course not here considered). In this table it will be noticed that the number of beds is a very inaccurate measure of the amount of work accomplished in a hospital. Thus, for example, the Lynn Hospital, which is actually seventh in the list, would be thirteenth if we regarded the number of beds. The Waltham Hospital, which is twentieth in the list, would be tenth if we judged by the number of beds.

b. The number of patients and the variety of diseases studied by pupils outside the hospital or in out-patient departments has not been estimated here. It is an important factor in the training of nurses, but one in regard to which it is not yet easy to get reliable data from the printed reports of training-schools. We need to know more concisely (1) the number of patients per nurse seen outside the wards of the hospital; (2) the number of cases of each disease; and (3) the amount of teaching or supervision given the pupil in this work.

c. The number of patients seen by each nurse in the hospital wards depends on the number of nurses and the number of patients, provided the rate of rotation is the same. As the last factor seems (from what I learn from superintendents) to be approximately the same in most training-schools, we may estimate the amount of experience gained by each nurse *during a year* in the hospital by dividing the number of patients per year by the number of nurses. (See Table I, column 4.)

We must realize, however, that the number of years spent by the nurse in hospitals modifies the importance of this figure very much. Thus, the Boston City Hospital, with its three-year course, offers each pupil  $88 \times 3$  or 264 patients for study, while the Frost Hospital at Chelsea, though offering 54 patients per year to each nurse, has but a two-year course or  $54 \times 2=108$  patients per nurse.

In some of the training-schools the amount of hospital material is confessedly a minor item in the nurse's training. These schools rely largely on the training obtained outside the hospital, and hence are unwilling to be judged by the hospital experience alone. For example, in the Framingham School, with twelve patients yearly for each nurse, and in the Waltham Hospital with seven patients yearly for each nurse, the hospital training is hardly one-sixth as much as that obtained in any of the seven largest hospitals in this list. But this is made up for (in the opinion of those in charge of the smaller schools) by the large amount of instruction given the nurses in families outside the hospital.

I shall not undertake here to discuss the merits of this question,



but merely to state some of the data and some of the principles for their interpretation. It should be noted among other points that it is entirely possible (either for a medical student or a nurse) to have too much material for study,—i.e., more than can be assimilated. Whether or not this is the case in any of the hospitals in my list I cannot attempt to say, but my impression is that a nurse can *observe* as many patients as she can adequately *care for*, and that if a nurse is not overworked she is probably not over-supplied with material for study.

The *variety* of diseases studied is an important factor regarding which these tables give little information, but it is obvious that in chronic hospitals like Long Island or Tewksbury, and in hospitals that do not admit men (i.e., the New England Hospital, the Boston Children's Hospital, the Lying-in Hospital) only a part of the field of nursing is covered. For nurses who desire to study particularly one portion of the field of nursing, these schools are of value.

#### THE AMOUNT AND KIND OF INSTRUCTION GIVEN.

The figures collected in Table II. are as accurate as can be obtained at the present time, but I believe them nevertheless to be in many respects inaccurate because it is impossible to find out at present:

TABLE II.—INSTRUCTION.

NAME	Years in Course	Total hours of stated teaching	Lectures	Recitations	Demonstrations	No. of Paid Teachers	Remarks
1 Framingham.....	3	1,610	250	210	1150	5	1905
2 Morton, Taunton.....	3	1,381	192	252	939	3	
3 Deaconess, Boston.....	3	1,250	99	297	854	1	
4 Waltham.....	4	964	290	217	448	9	
5 Cambridge School of Nursing.....	4	767	453	80	234	4	
6 Children's, Boston.....	3	574	274	150	150	7	(Not including work given in preliminary course.)
7 Worcester City.....	3	544	59	110	80	?	
8 Boston City.....	3	502	35	323	*	5	Stated as for 1 year.
9 St. Vincent's Worcester	3	468	52	260	156	*	(Calculated as for 1 year, may be wrong.)
10 Massachusetts, General.	3	414	234	120	60	7	
11 Carney, So. Boston.....	3	400	40	125	140	2	
12 Memorial, Worcester...	3	378	80	298	?	4	
13 McLean Asylum Waverly.....	2½	355	137	90	128	12	(Eleven of the 12 paid teachers are officers of the hospital.)
14 Somerville.....	3	345	135	110	100	2	Stated as for 1 year.
15 Union, Fall River.....	2½	339	104	235	?	5	
16 Lynn.....	2	328	78	200	50	1	
17 New England Hospital, Boston.....	3	319	69	250	250	5	
18 Dickinson, Northampton	2½	288	70	170	42	2	
19 Gloucester.....	3	265	52	213	?	2	(Calculated as for one year.)
20 Adams' Nervine, Boston	2½	248	60	140	48	6	
21 Burbank, Fitchburg...	2½	247	100	147	?	*	Calculated for 1 year.
22 Tewksbury.....	3	243	32	32	32	0	
23 Brockton.....	2½	240	80	160	?	3	
24 Melrose.....	3	240	120	120	?	3	
25 St. Elizabeth's, Boston.	3	225	40	117	68	1	
26 St. Luke's, New Bedford	3	215	83	84	48	4	
27 Franklin Co., Greenfield	2	213	53	160	?	2	
28 Holyoke.....	3	205	45	160	?	1	
29 Homeopathic, Boston...	3	203	123	80	?	4	(Course in process of reorganization.)
30 Beverly.....	2½	187	?	?	?	2	
31 Clinton.....	3	186	110	52	24	1	
32 Springfield.....	3	182	52	104	26	2	(Calculated as for one year.)
33 Natick.....	3	179	55	92	32	4	
34 Lawrence.....	3	176	48	128	?	3	
35 Salem..... 2 years, 7mo.	2	172	50	122	?	0	
36 Newton.....	3	166	70	80	16	4	
37 Malden.....	3	156	52	52	52	1	Calculated for 1 year.
38 Mercy, Pittsfield.....	3	156	52	52	52	2	One year.
39 North Adams.....	3	144	64	68	12	2	
40 Baptist, Brookline.....	2½	118	48	40	30	4	
41 Charity Club, Brookline	2	98	24	74	74	2	
42 Frost, Chelsea.....	2	97	57	40	?	1	
43 Lying-In, Boston.....	8mo.	97	45	52	52	1	
44 Faulkner, Jamaica Plain	3	78	46	32	?	0	
45 Free Hospital for Women, Brookline...	4½mo.	72	18	18	36	?	
46 Rotch, Boston.....	4mo.	48	32	16	?	?	
47 Everett.....	2½mo.	40	40	?	?	2	
48 Quincy.....	2	38	38	?	?	2	
49 Hale, Haverhill.....	2	32	32	?	?	2	
50 Lowell.....	2	?	35	?	?	3	

\*Numerous. †Numerous; not calculable. ‡Numerous; not calculated. §Not estimated.

This table included three schools not in Table I, viz.: The Cambridge Training School, the McLean Asylum and the Adams' Nervine.

a. What is the amount of teaching given by personal demonstrations in the wards?

b. What is the difference between first year lectures, second year lectures and third year lectures,—i.e., do the nurses (some or all) hear the same lectures over again? The same question also arose concerning the other form of instructions.

I would earnestly request the superintendents of training-schools to give their attention to making these points clearer in their annual reports. Many of the schools do not get credit for the most important part of the work done by them, viz., the personal instruction of nurses in the wards by the superintendent or her assistants. The number of lectures given is far less important, and far less valuable to the nurses. Yet this is stated very concisely in most reports, while the more valuable hours spent in training and teaching the pupils in the wards ("demonstrations") are not estimated. I realize that it is often difficult to make this estimate, but it is not, I think, impossible.

Recitations or "classes" with the superintendent should be clearly distinguished from demonstrations in the wards or in laboratories and kitchens, where the pupil does the work herself.

But the point on which I find it hardest to get information from the reports is this: *What is the number of different exercises attended by each pupil during the entire course?*

The relation between *what the school gives and what each pupil gets* is not clearly stated. Are the two identical? Seldom. First, because many exercises are given in sections and the total number of exercises is greater than the number attended by each pupil. Secondly, because the pupil may attend the same exercise in successive years. In the first case the school seems to give more exercises than each pupil actually gets. In the second, the pupil seems to get more different exercises than the school actually gives. These sources of doubt should be so far as possible eliminated.

On account of these difficulties of interpretation I am afraid that Table II may do injustice to several schools,—e.g., to the Boston City Hospital; St. Vincent's Hospital at Worcester; the Somerville, Gloucester, Beverly, Springfield and Malden Hospital training-schools, the Burbank Hospital at Fitchburg, and the Mercy Hospital at Pittsfield.

A further and more easily eliminated error is due to the fact that some schools include (rightly) the instruction given the nurse in her "preliminary" period, while other schools,—e.g., Worcester City Hospital Training-School, do not count this.

If now we look at Table II, making due allowance for the necessary

errors above alluded to, we note that as the figures stand we have three groups:

1. At the head of the list, a group of five "small" training-schools which give a very large amount of instruction.

2. Next we find a group of (seven or eight) "large" training-schools which give a medium amount of instruction—less than the "small" schools in the first group, more than the other "small" schools to be mentioned next.

3. Below these we find a much larger group of about 37 "small" schools giving a still smaller amount of instruction.

It appears then that while the "large" schools form a fairly compact and uniform group, offering approximately 350-550 hours of instruction, the "small" schools are divisible into two sub-groups. In the small schools we find both the largest and the smallest amount of stated teaching—1250 hours or more in 3, less than 300 in 33. Of these 33 schools, 20 give less than 300 hours, and one-half of these 20 give less than 100 hours' instruction.

These facts may be tabulated thus:

"Small" schools	750—1600 hours given in 5 schools or 10 per cent. of all.
"Large" schools	340—750 hours given in 10 schools or 20 per cent. of all.
"Small" schools	200—340 hours given in 14 schools or 30 per cent. of all.
	100—200 hours given in 11 schools or 20 per cent. of all.
	Less than 100 hours given in 10 schools or 20 per cent. of all.

We see further by the study of Table II that the amount of stated teaching is largest in those schools which offer the nurse the smallest number of hospital patients for study (Framingham, Waltham and the Deaconess Hospital in Boston). This is due, I take it, partly to the fact that the nurses have more leisure in these hospitals and partly to the belief of those in charge of them that 1000 hours or more of teaching is none too little in a three or four-year course.

It may also be noted in passing that as most medical schools offer 5000 to 6000 hours of teaching, we cannot find in these tables justification of the charge that our training-schools are trying to turn out physicians rather than nurses.

#### NUMBER OF PAID TEACHERS.

In the long run I believe that the most efficient schools will always be those having the largest number of paid teachers in relation to the

\* "Small" and "large" refer here to the size of the hospitals connected with the schools in question.

number of pupils. Unpaid teachers may do fine work for a time, but they can rarely be depended on. Hence I have attempted to tabulate as an important educational datum the number of professional teachers in each school.

The worth of the figures is impaired, first, by the excessive modesty of some superintendents, who do not count themselves at all and return the number of paid teachers in their school as *zero*; and secondly, by the fact that in the McLean Hospital Training-School and perhaps in some others it is difficult to say how many should be included in the term "paid teachers." Shall we include paid officers of the institution who occasionally teach? I should say not. Only those who give most of their time to teaching and are paid for it should be called "paid teachers."

#### THE FINANCIAL ASPECTS OF NURSES' TRAINING.

Some aspects of this important matter are dealt with in Tables I and III.

In Table I, column 6, we see that 43 out of the 48 schools make a small monthly allowance to cover the expenses of uniform, text-books, etc. This allowance is almost identical in all schools of this table, varying only between \$5 and \$15 a month, while in most of the schools it is approximately \$8 a month. This allowance is strikingly smaller than it was fifteen years ago.

In some schools (*e.g.*, at Framingham) the nurses are given their outfit instead of an allowance, which amounts, I am told, to nearly the same thing.

Three schools, the Cambridge School, the Children's Hospital School and the Waltham School, charge their nurses something for training:

Children's Hospital	\$100 (entrance fee).
Waltham Training-School	\$250 (for whole course).
Cambridge Training-School	?

Scholarships and the alternative of paying by extra service instead of in money lighten the burden of these fees very considerably.

One school—the Massachusetts General Hospital Training-School—has tried charging tuition fees and abandoned it.

#### MONEY EARNED BY NURSES IN TRAINING.

Table III shows the amount earned by the nurses of eighteen schools. The source of these earnings and their disposition is not clearly



explained in most reports. Sometimes the nurses' earnings go to support the hospital, sometimes to support the school. Sometimes (as in Waltham) the hospital pays the training-school for the services of the nurses and thus helps to support the school. Sometimes the money is earned by service in other hospitals (as during the service of the nurses from several schools in the Corey Hill Hospital) and paid to the schools.

In most cases, however, the money is earned by service in private families, a custom which seems to have grown to be an important part of the service of a hospital situated in a small town, where graduate nurses are few.

TABLE III.

SCHOOLS WHICH EARN MONEY BY SENDING OUT PUPIL-NURSES  
AND THE AMOUNT EARNED.

1 Waltham.....	\$12,845.36	11 Natick.....	\$710.00
2 Mercy, Pittsfield.....	7,797.00	12 Gloucester.....	686.91
3 Union, Fall River.....	6,663.44	13 Clinton.....	628.23
4 Brockton.....	5,777.00	14 Carney.....	325.00
5 Somerville.....	2,000.00	15 Franklin Co., Greenfield.....	293.00
6 Everett.....	1,400.00	16 Baptist.....	182.93
7 Springfield.....	1,026.00	17 Duncanson.....	123.41
8 Newton.....	1,005.86	18 Burbank.....	92.33
9 Charity Club.....	791.07	19 Lawrence.....	Amount not stated.
10 Dickinson, Northampton.....	740.00		

## OBSTETRICS, COOKING AND MASSAGE.

The "enrichment of the curriculum" by the addition of special branches of instruction not formerly given in the training-schools has gone on very fast in the last ten years. At the present time all the schools in our tables teach cooking except the Tewksbury School, and all the general hospitals teach massage except seven. The schools at Chelsea, Everett, Haverhill, Lynne, Pittsfield (Mercy Hospital) and St. Vincent's at Worcester are still without this teaching.

Obstetrics is now part of the training of all the schools attached to general hospitals, except the Boston City Hospital, the Brockton, Quincy and Haverhill (Hale) hospitals. The last three teach it in theory only.

## PRELIMINARY TRAINING.

Much of the training needed by nurses can be given outside of the hospital wards with benefit both to the nurse and to the patient, who thus escapes the ministrations of wholly untrained probationers. The

benefits of such preliminary training are obvious but expensive, since the nurse during this portion of her training renders no service to the hospital in which and by which she is usually supported.

It is doubtless for this reason that only the eleven schools mentioned in Table IV have yet established a preliminary or preparatory period in their course.

TABLE IV.

## PRELIMINARY TRAINING.

Children's.....	4 Mos.	McLean.....	4 Mos.
City, Boston.....	4 "	Memorial, Worcester.....	6 "
Everett.....	6 "	Union, Fall River.....	5 "
Faulkner.....	1 "	Waltham.....	12 "
Frammingham.....	6 "	Worcester City.....	4 "
Massachusetts General.....	4 "		

## EXCHANGE OF NURSES BY DIFFERENT SCHOOLS.

The movement of nurses from one hospital to another in order to supplement the imperfect training to be had in any single institution is one which must be greeted with joy by anyone who sees the obvious need of the different hospitals for each other. There are now 17 schools or about one-third of all the Massachusetts schools which send their nurses to other schools or which receive them from other schools as a portion of their training. (See Table V.) It is greatly to be hoped that this movement will increase rapidly within the next ten years. It is only in this way that the fifty odd training-schools contained within the limits of Massachusetts can justify their separate existence. Whenever a school allows its pupils to take a part of their training in another school, the two schools lose to that extent their separate existence, which is exactly what is needed. It is only in the large schools that a nurse can get a sufficient variety of experience with the diseases which she will be called upon after graduation to nurse. It is (so far) only in the smaller schools that a nurse learns to devote all her time profitably to one patient, as she must do in private nursing. Both these disciplines—that of the large and that of the small hospital—are necessary for the equipment of a well-trained private nurse. Neither has a monopoly of advantages. In so far as they can be combined by the exchange of pupils, a great good will be gained for the nurses and for the community.

TABLE V.

HOSPITALS SENDING PUPILS TO OR RECEIVING THEM FROM  
OTHER HOSPITALS.

Adams' Nervina.	Gloucester.	Newton.
Baptist.	Hale, Haverhill.	St. Vincent's, Worcester.
Carney.	Lying-In, Boston.	Union, Fall River.
Children's.	Massachusetts, General.	Waltham.
Dancoman.	Morton, Taunton.	Worcester City.
Framingham.	Natick.	

## SUMMARY AND CONCLUSIONS.

1. In seven hospitals each admitting over 1700 patients a year the number of *patients per nurse* per year is from 50 to 90, averaging 63.

2. In 25 hospitals admitting from 350 to 1500 patients per year the patients per nurse per year range from 20 to 54, averaging 33. Only 3 hospitals fall below 20.

3. In the remaining hospitals admitting 116 to 312 patients a year the nurses see about 27 patients per year.

In a general way, therefore, the amount of experience gained by the nurse is largest in the largest hospitals, but the difference is not so great as the difference between the size of the hospitals would lead us to expect.

4. The largest amount of instruction is given in some of the smaller hospitals, and the smallest amount in the smallest hospitals of all, while a medium amount of teaching is given in the largest schools.

5. The practice of obtaining a part of the training in each of different schools is growing fast and deserves to grow faster.

6. The money allowance given to pupil nurses is steadily decreasing as the preliminary period of training grows in favor.

## NURSING ETHICS AND ETIQUETTE \*

By CHARLOTTE M. PERRY

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THE object in lengthening the hospital course to three years is to give the pupil-nurse ample time to become thoroughly acquainted with laws governing the profession, and to acquire more professional knowl-

\* Lecture given to the pupil-nurses of Faxon Hospital.

edge and practical experience. This is sufficient, if nurses improve their opportunities; and upon graduating, each nurse should be a loyal and efficient representative of her school, which she cannot be unless from start to finish she has been intelligent, observant, alert; in fact, has shown that she possesses the necessary qualifications, morally, intellectually and physically. As a prominent member of the profession has said, training schools have been blamed unjustly for the kind of nurses graduated. The mistake has been in accepting those who were disqualified. Such nurses have themselves been at a particular disadvantage in the school, whether the lack has been one of education, of physical fitness, or, above all, one of character and refinement. A great many nurses are unconscious of these defects; but a superintendent of experience takes note of the spirit in which a candidate enters upon her course of training. She may have only mercenary motives. Such aims, linked to a character which is not struggling to become noble, produce a result against which there is a rising opposition on the part of those in good professional standing, and on the part of the laity. Bad work is bound to be exposed in this day. A crusade has been formed, which all those who have the interest of the profession at heart hope to see successful.

Much time is lost by those in training through a want of preparatory knowledge. One is plunged into a sea of new things, without much of an idea of what is expected of her. As a study of anatomy, physiology, chemistry, physics, and bacteriology is useful in getting at the condition of the sick and the means of recovery, so an intelligent comprehension of our environment is a help to moral conduct. Each profession or corporation has its body of laws governing action. There are laws born of duty and affection for the family life; the aggregate of humanity, called society, has its social laws; the profession of nursing has its distinct code of ethics and professional etiquette.

There have been many changes within recent years; among them, the introduction into the training-schools of the collegiate system, salaried instruction, preliminary courses of instruction, and scholarships. What is meant by the collegiate system is, that instead of nurses in training receiving remuneration, they pay a sum of fifty dollars or more for a preliminary course of instruction, and are prepared to buy their uniforms and text-books, nothing being supplied but board and laundry. The course of study extends over four months, more or less, and such subjects as anatomy, physiology, bacteriology, household economics, physics, chemistry and materia medica are selected. The nurse frequently lives at the hospital and goes daily to the college, insti-

tute or lecture-room for recitations, thus having opportunity for clinical instruction, and for becoming acquainted with life in a hospital, and with the nature of sickness. At the completion of the four months, she enters the training-school for two months' probation, which test she must undergo before being accepted as a pupil-nurse. She soon learns the military aspect of the life,—that it is a life of toil and discipline where one is trained by repeated acts to absolute accuracy and skill in execution. If she is well bred, it will not be so difficult for her to comprehend the new relations which spring up between the patient, the doctor, and herself, and with innate refinement she will adapt herself to the situation. A good home bringing-up will be of help in applying what she has learned about household economics; while bacteriological study will enable her to understand the serious danger connected with dust and dirt of all kinds, especially that which floats in the atmosphere, and settles on surfaces and floors, and the bearing of this upon the health of all individuals living within the environment. She knows that where diseases are collected into one place, there will be the greater need of the precautions of cleanliness and good ventilation. Plumbing, ventilation, water supply, heat and light have all come under her observation and special study; and she will thus be able to take hold of the probationer's duties with greater efficiency. The cleaning of refrigerators, utensils, surfaces of all kinds, will have an interest as tending to banish disease, and further the recovery of the patient. It is the duty of every nurse from the beginning of her career to repeat the action, whatever it is, with a view to attaining perfection. Whatever the stage of training, this should characterize our work, the simpler duties leading up to the more skilled, requiring an ever-increasing expenditure of force and intelligence. The gentler virtues, quietness, thoughtful attention to the patient's needs, a true and wholesome sympathy, will be blended with the first-mentioned ethical qualities, and thus we shall have what a higher professional standard demands—a superior type of woman.

To-day, the difference between a large and small hospital is not so much a matter of statistics, as of the degree of conformity to the higher standard. Applicants who were accepted five or ten years ago are now unable to enter upon a course of training which involves such high qualifications. To review them will be helpful.

The educational requirements form, of course, a very important factor. These must be combined with a decided practical bent, because nursing is of all things practical in its nature. This practical element will be manifested by an intelligent care of surroundings and the per-



sonal care given to the patient; by neatness, thrift, a regard for the economical use of valuable material, whether of water, fuel, light or surgical material. Education and practical ability are indispensable; but character and *motif* tower above all other requirements. Nursing calls for right principles of conduct; not for a blind, ignorant obedience, and half-hearted effort, interspersed with carelessness. From the moment of entering the hospital we must begin to apply our previous knowledge, to gain a clear conception of what these requirements are. Gradually, we shall find our relations extending, not only towards individuals, but widening out towards those in authority—the particular training-school with which we are connected; all training-schools, and the profession generally, and finally towards a whole community and country. In learning these new relations, we learn to obliterate self; nursing, with its sacrifices, its discipline, its appeal to all that goes towards rendering a high order of service, is well adapted to the formation of character.

*Ethics.*—In the qualities which make up the nursing character, in our moral obligations to the sick and to each other, we have what is called the ethics of nursing. Ethics refers to character, as etiquette does to manners. Etiquette has been spoken of as “minor morals.” Ethics is the larger and deeper subject; altho’ the well-trained nurse cannot avoid giving outward expression to the experience of three years in a hospital by look, voice, speech, walk and touch. Her whole being bristles with the effect of the military training she has undergone and the sacrifices she has been called upon to make. A professional manner is the result. Some of the ethical qualities may be enumerated as obedience, truthfulness, trustworthiness, neatness, punctuality, economy, quietness, etc. All these should be accompanied with the nursing gift; by which is meant a certain adaptability to the duties of the profession, ensuring quickness and accuracy, and the underlying principle of all, professional honor. We will consider a few of these elements which enter into the subject of ethics.

Obedience is one of the abiding virtues. From the beginning to the very end of a nurse’s career it must be maintained, and no nurse is exempt by reason of seniority. When a candidate presents herself for training, she will be impressed by the military strictness of the discipline which obtains in all good training-schools. Nursing is an ally to the medical profession. The hospital exists to facilitate the doctor’s work in the interest of the patient. Carrying out the military idea, there are ranks in authority. In all matters referring to conduct and discipline, supreme authority resides in the superintendent of nurses, who

ness in addition that the patients receive good care; that the doctor's orders are recorded, intelligently noted, and faithfully carried out; that the nurses' work is executed according to methods laid down; that there is an economical use of supplies; in general, that the traditions of the school are handed down unadulterated from class to class in such a way that the entire body of graduates will bear the impress of their particular school. Obedience touches all points of a nurse's career; not only in the school, but from first to last. Probationers do not always grasp the idea. Time is awkwardly lost in expressing a willingness to do what it is expected will be done without any words; or, to do what has not been assigned them. It is expected of all in training to do what they are told; no more, no less. It is a mistake to offer services of any kind, or to make suggestions to those in authority; to remain, or come on duty one moment above the prescribed limit, in order to be helpful. "Please" and "Thank you" are phrases which may be exchanged between those of equal rank. The military command is couched in no uncertain terms. Clear, explicit directions are given, and are received with unquestioning obedience. Respect for authority is included in obedience. The rule of decisive orders and quick fulfillment adapts itself to such a serious profession as nursing, where life is in the balance no less surely than in the battlefield. Rank is to be observed throughout the whole body, which consists of the superintendent, head-nurses, seniors, juniors and probationers. As in the army men are picked from the rank and file according to the manner in which they have distinguished themselves, and placed in authority as general, major, colonel, captain, etc., so it is customary to appoint head-nurses, who may be graduates from the school, or a few from other schools, and not infrequently undergraduates during the third year of training. Pupil-nurses should give a cheerful fealty to those thus set over them, whether graduates or undergraduates, remembering that all delegated authority is representative of the highest, to which all are equally responsible. There are necessary barriers thus placed between the various ranks; familiarity breaks them down. Hence, seniors should associate with seniors, juniors with juniors, in order that the formality implied in command and respect may be sustained. To understand the full meaning of obedience, we must be intelligent listeners and keen observers of what is going on around us in the battle against disease and against all enemies to health. We must resolve to put in our best strokes while under fire. Only thus will the three years' experience find us well trained; not half-trained, careless, slothful, inefficient members of a profession which demands the best.

(To be continued.)

**BACTERIOLOGY FOR NURSES\*****By E. STANLEY RYERSON, M.D., C.M.**

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In introducing the subject of bacteriology to you, it will be interesting for you to hear an outline of the history of this branch of the science of medicine. We will therefore glance back for a few moments, to the beginning of its history and trace its advancing steps down to the present time.

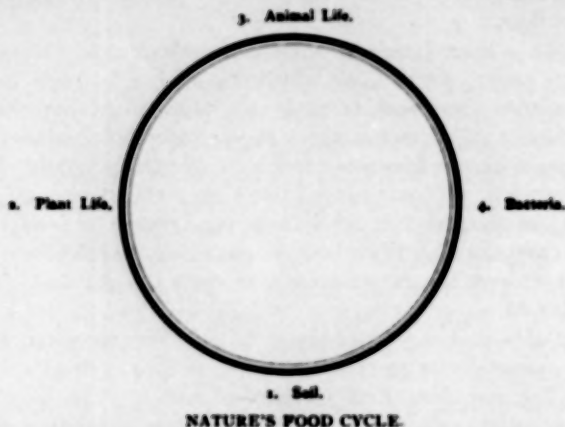
In 1675 a linen-draper in Amsterdam, named Leeuwenhoek, discovered and manufactured a lens which enabled him to detect bodies of the most minute dimensions in water and in scrapings from the teeth. These bodies he called animalculæ. It was suggested that they might be the cause of disease, but no one took the suggestion seriously. A long period intervened, with no progress, until, in 1762, Pleviz, of Vienna, stated that he thought that all diseases were caused by special germs and that they also had the power of producing putrefaction; but as he could not prove his statements many people thought that his mind was unbalanced.

About this time, scientists began to give some attention to these organisms, especially as to their origin. The most generally accepted theory at first was that of spontaneous generation. The investigators who held this theory said that these organisms were present in putrefying meat, but that they were not to be found in the meat before this putrefaction occurred, and that therefore they must result from these changes. Another class argued that when the animal died and the meat or tissue lost their vitality these germs grew, multiplied and caused the putrefaction which followed. The dispute between these two classes continued until 1840, when Pasteur and Cohn demonstrated that there was a resting or spore or seed-stage into which these bacteria could enter and that they existed in the living tissue in this stage, only taking on growth when the animal tissues lost their vitality. This discovery ended for all time the theories of spontaneous generation and established the law of Harvey, "*omne vivum ex vivo*" (all life out of life), which was known to apply to the more highly organized members of the animal and vegetable kingdoms.

\* One of four lectures delivered to the Nurses of the Toronto General Hospital and the Hospital for Sick Children, Toronto, November, 1906.

Many people have the idea that bacteria are little animals or minute bugs or insects, but Cohn proved in 1854 that they are not such, but belong to the vegetable kingdom. Three years later Naegeli showed that they were related to the fungi or mycetes group, and, as they reproduced themselves by fission—i.e., by dividing into two—he called them schizomycetes or fission-fungi.

Pasteur's theory that bacteria were the cause of putrefaction and fermentation was by this time a generally accepted one. He next demonstrated the place which bacteria took in what he called Nature's Food Cycle:



Let us begin at the bottom of the circle in what is labelled Soil. In the soil or ground there are certain substances which are taken up by the roots of plants and trees, nourishing them and making them grow and produce their fruits. This plant life is dependent on the soil for its nourishment. The fruits and products of plant-life are the main source of supply to the animal kingdom, represented at the top of the diagram. Suppose for a moment that this was as far as we could go; would not a time come when the substances in the soil supplying the nourishment to the plants would run out? Or, again, what would be the state of the surface of the earth, had not the bodies of animals undergone putrefaction and fermentation? It would be piled many feet high were it not for these processes, which we have learned are caused by micro-organisms or bacteria. Hence, we conclude that these minute bodies have prevented such an accumulation. What happens, you may ask, to the materials which result from the putrefaction of these animal

bodies? They become intermixed with the soil and earth and form the very substances which we said in the first place were necessary for the nourishment of the plant life. Therefore, bacteria form the connecting link and complete the cycle between the animal kingdom and the soil; and from the soil we go to plant life, from plant life to animal life, and from animal life back to the soil by means of bacteria and so on around forever. We should not speak slightly of these organisms, because we have just seen how difficult it would be for life to continue if they were not present on the earth. Only a small number of them have the dread power of producing disease.

Many endeavors were made to show some relation between micro-organisms and disease, but it was not until 1867 that any disease was proved to be due to one special organism. In this year, Davaine and Pollender both demonstrated the germ which causes anthrax, a disease found in cows, and affecting human beings in the form of a pustule.

In 1870 Lord Lister suggested that, as carbolic acid was found to stop the process of putrefaction and fermentation, it might be applied to wounds undergoing suppuration, a process that was thought to be closely allied to these changes. He tried it and obtained most satisfactory results. The use of the carbolic spray in operations and carbolic solutions for washing wounds soon resulted in a marvellous reduction of suppurating wounds. From this discovery has grown our present system of antiseptic surgery.

(To be continued.)

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## HOSPITAL SKETCHES

By KATHARINE DE WITT

Graduate Illinois Training School

JANUARY 19—Sunday.—I was on duty in the morning. Mr. Mackay, a pneumonia case, who has been delirious, is quite himself again. He drew a rosary from under him and said, "My dear little wife is very religious and brought me this to pray with, but it's mighty uncomfortable to sit on." He is still very ill and has been on egg-nogg diet until to-day, when Dr. Miles ordered for him "anything he likes," a more sudden change than is usual. The results remain to be seen.

Jennie, who, for three weeks has worried me to pieces by her fussing and nervousness, repaid me for it all to-day by telling me she had never heard me say, "I haven't time to do it." I want to remember that; it may help me with some other patient.



**JANUARY 20—Monday.**—A red-letter day, because I got my three patients, who have been in bed so long, up,—Mrs. Appe, Jennie and Mrs. Bates. Nothing delights me as much, though I nearly broke my back in assisting them, they are so weak. Myrtle is growing into a much sweeter child and follows me like a little dog. Bridget, who likes to direct all the nurses, told me there was no heat in room 216 and I must see the engineer about it immediately. I thought I would first investigate it myself, and found the steam not turned on!

The little Dawes baby had an operation for its hare-lip.

Mr. Mackay, my pneumonia case, is doing well.

**JANUARY 21—Tuesday.**—Mr. Mackay is much worse, back on liquid diet; new packings and cotton jackets, and pneumonia is threatened in the other lung.

The poor little Dawes baby died last night and lay all day like a little marble angel in its crisp white dress on a pillow in one of the unused rooms. They say its mother is not very sorry. I suppose she realized that it would always be deformed and unhealthy, and so is glad it is better off; but she is a very strange woman. The baby's nurse is one of the Gamp variety, a fat old Englishwoman who nearly killed the baby with her trotings and singing, but who was faithful. She felt the importance of her position to-day, and was dressed in black with a queer white tie and queerer mixture. She exhibited the poor little baby to all who wanted to see it, talked to each confidentially about how Mrs. Dawes tried to dock her wages by a dollar, and would appear at the nurse-room asking for something to "comfort her spirits." I could not help liking the odd old thing. One queer thing happened. Miss Burns, our blind patient,—totally blind,—asked to go in to "see" the baby, and did go. She does everything any one else does. I can never realize that she is blind. I took Mrs. Bates for a ride in a wheeled-chair and we went to the children's floor, where I had a good time hugging Alden and Katie and a dozen others all at once.

**JANUARY 22—Wednesday.**—I moved three of my patients and am too tired to write.

**JANUARY 23—Thursday.**—Jennie has rheumatism now and is making herself and every one else miserable.

**JANUARY 24—Friday.**—Miss Blount and I were on alone until four, and how we rushed! Mr. Mackay is worse. Mrs. Scannell had a temperature of 105°, and poor Mr. Sanger was in such dreadful pain I had to call Dr. Allen. Miss Sawyer, who has a dreadful eye, paralyzed by spilling ammonia into it, made life a burden to me. She rang her bell every five minutes, calling for different doctors. At last she vowed



that she had a fever and her sister must be sent for. I took her temperature and found it normal. Poor thing! She said later she was sorry she had troubled us so, and I forgave her.

**JANUARY 25—Saturday.**—I was on late and had a rumpus with Dr. Allen about making rounds. We both melted at the last and parted in peace.

**JANUARY 26—Sunday.**—Mrs. Nielson, Mrs. Appe and Jennie are so good to me! They always welcome me so eagerly in the morning, it makes the day begin happily. Mrs. Appe sat up for two hours and a-half without getting tired. Jennie's friends brought her some flowers and she gave me a lovely rose. I tested a specimen of urine and found that it contained sugar.

**JANUARY 27—Monday.**—Mrs. Appe was dressed to-day and walked a little. She is such a sweet little woman! Mrs. Bates had a dreadful relapse last night; they thought she would not live. When I went in to see her this morning she lay panting for breath, but even in that dreadfully weak state, when she could hardly speak, she asked me to wash her face and hands. She is so fond of being washed.

Mr. Mackay passed a crisis bravely during the night and will gain now, we hope. Dr. Toler says his temperature fell suddenly and they "just poured whiskey down him."

**JANUARY 28—Tuesday.**—Miss Potter came to the hospital at noon and has the nicest room on our floor; she was a little lonely.

**JANUARY 29—Wednesday.**—Miss Potter was a little better. Mary Wales came to see her in the afternoon. I took her to the children's ward and she was so touched that she cried.

**JANUARY 30—Thursday.**—A horrid day! I was late with my work and Miss Fife went into Mrs. Bates' room before I had fixed it and was much vexed it looked so bad.

**JANUARY 31—Friday.**—My last day at the private hospital for the present, I suppose, as they usually change me about the first of the month. My patients are all so nice, I hate to leave them.

**FEBRUARY 1—Saturday.**—I am changed, as I expected, and to Ward E, in the public hospital, which is a woman's medical ward. Jennie cried when I said good-by to her, bless her heart!

I have twelve women to take care of; nearly all are in bed and pretty sick. One woman's head was covered with vermin. I cut her hair and worked over her for two hours, but even then she had to be put on a clean bed in the afternoon. It made me feel sick all day. I worked very hard, and I do love the private hospital.

**FEBRUARY 2—Sunday.**—I had the morning off, and when we went

on in the afternoon we found a tiny baby, only a few hours old, out in the kitchen in a wash-boiler. Its mother was one of my patients and I am so glad I escaped its arrival. Miss Thayer, the head-nurse, and I were on alone and had to work very hard, as the morning work was not finished. There is one such funny patient, named Annie. She was half delirious and called Miss Thayer "a jevil" for making her take her medicine. She made faces at me all the while I was sponging her because I helped give the medicine.

FEBRUARY 3—Monday.—A typical Ward E day. I had to help the senior nurse with her work this morning. A nurse from Ward S was sent up to help in the ward, and even then we did not get through. This afternoon, Miss Haynes and I were on alone until three, and I never had such a confused time. Miss Haynes had to finish her morning work, and I had to see to the medicine and go over to the executive building three times for discharges. In the midst of it all, two women were nauseated and had to have their beds changed, and there was one catheterization. The girl who waits on the patients fell sick and went to bed, and so they all shouted to us for everything. Our best helper left, and Dr. Bruce came up and asked for serums and solutions. Two very sick new patients came in, who had to be undressed and have their clothes listed. Our little new baby died.

We have a prisoner as a patient, and an officer stays with her all the time. In the midst of all our rush, two good ladies appeared and gave Miss Haynes and me tracts, and wished to talk with us personally, but we couldn't stop. Fortunately, Miss Haynes is a good-humored girl, and though we were nearly worn out with the rush and worry, we laughed over it. I do not believe I could have stood it if she had been cross.

FEBRUARY 4—Tuesday.—The morning was difficult, as usual, but uneventful. I had my half day and was glad of a chance to rest.

FEBRUARY 5—Wednesday.—Miss Haynes cannot get used to the medical work and the sponging yet. Her side is much harder than mine, and yesterday at eleven o'clock she had finished only three of her twelve patients. I was through with mine and went over to her side with my slap-dash methods, and by twelve o'clock we had done eight more. Our sickest typhoid died yesterday morning, and we have had several new and very sick patients admitted.

FEBRUARY 6—Thursday.—Miss Haynes has been changed to Ward F, and Miss Camp, who is used to medical work and gets through much better, takes her place. I am sorry to have Miss Haynes go, though, for she is so nice. We have an extra nurse, and a new head-

nurse, Miss Hale. Poor Miss Thayer was called home by bad news.

My work remains the same, only I do not have to help on the other side and can take more time. Alice, the girl whose head was so bad, is an interesting girl with an ugly disposition. She snarls at me all day long. I am afraid she is going to have a bed-sore.

**FEBRUARY 7—Friday.**—It was bath day, and I got all my patients nice and clean. Alice was more agreeable, for I tried hard to suit her. Poor little Annie had a slight hemorrhage and is very delirious. I had two hours off duty and went to the private hospital to see Miss Potter.

**FEBRUARY 8—Saturday.**—When we reached the hospital we found that one of our patients had died very suddenly during the night from hemorrhage of the lungs, and one of my patients, an old woman, had been moved into a private room and was dying. The poor old thing had been delirious all the time and hard to care for. She died at noon.

Poor little Annie, who made faces at me, had hemorrhages all day. We watched her carefully, but are afraid she cannot live. I spent all the afternoon in the linen-room, folding clothes. Just before I came away, Ada, our kitchen woman, brought me a piece of chocolate cake and a cup of milk. Annie seemed a little better as we left.

**FEBRUARY 9—Sunday.**—I was on in the morning, and we had a very decent time. We could not get the women to sweep the ward so we did it ourselves.

(To be continued.)



## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



**TABER'S MEDICAL DICTIONARY FOR NURSES.** Edited by Clarence W. Taber and Nicholas Senn, M.D., Ph.D., LL.D., C.M. C.W. Taber, Publisher, Chicago.

"This little work lays claim to being the first Medical Dictionary for Nurses, filling a want hitherto unsupplied. The nurse will find it an epitome of medical knowledge, an encyclopedia of anatomy, physiology, toxicology, therapeutics, nursing, operative surgery, and kindred subjects." Thus the preface and it is no vain boast; the book is indeed a marvel of condensation. About the size of the usual pocket dictionary, it contains the usual medical terms—spelling, pronunciation of same, and derivation; there are lists of operations, giving preparation, position, and instruments; there are the poisons—their symptoms and antidotes; all sorts of accidents and their treatment. The diseases are diagnosed, prognosed, treated, dieted; fevers show each its typical chart. Truly it is a wonder-book, to give all it contains would be to give the book itself; therefore we advise each nurse who wishes to know more to get a copy for herself.

**A SHORT PRACTICE OF MIDWIFERY FOR NURSES.** Embodying the Treatment Adopted in the Rotunda Hospital, Dublin. By Henry Tellett, B.A., M.D., B.Ch., B.A.O. (Dublin University), F.R.C.P.I., L.M., Gynecologist and Obstetrician to D. Stevens' Hospital, Dublin; Extern Examiner in Midwifery, Royal University of Ireland; Examiner in Midwifery, Royal College of Physicians, Ireland; Ex-Assistant Master, Rotunda Hospital; Ex-University Examiner in Midwifery and Gynecology, Dublin University. T. and A. Churchill, 7 Great Marlborough St., London. P. Blakiston's Sons, Philadelphia, Publishers.

The fact of its appearing in its second edition declares the popularity of "A Short Practice of Midwifery" in its own bailiwick, if one may so indicate the field of nursing in Great Britain and Ireland. It will hardly make any great sales in this country, however, not for want of merit but because the field is already occupied by more than

one good book covering it, from our point of view, more satisfactorily than does the English book. The class who comprise the midwives of this country are not as a rule capable of using Mr. Tellett's very thorough and scientific book, and as a nurses' handbook it speaks to the practitioner of midwifery rather than to his faithful handmaiden the obstetrical nurse.

**A COMPEND OF MEDICAL LATIN.** By W. T. St. Clair, A.M., Professor of the Latin Language and Literature in the Male High School of Louisville, Ky.; author of "Cæsar for Beginners," "Notes to Cæsar's Gallic War, Book Three," etc. Price, \$1.00. P. Blakiston's Sons, 1012 Walnut St., Philadelphia.

Blakiston's "Quiz Compend" are such old friends that they need no introduction. The number "Medical Latin" is a little out of the common, being less a quiz and more a regular Latin grammar. It is written for the student who comes to the study of medicine with little or no knowledge of Latin. It is safe to predict that the ignorant student after digesting this little book is not going to be content till he follows further a subject which has been so intelligently and alluringly put before him. Who remembers the old Latin grammar proper?—what endless deserts of verbs! what never-ending declensions of nouns; the never-ending "endings!" One grew discouraged before one had begun. The present volume is small and light externally, as well as internally, and being so easily accommodated is recommended as a companion which, never in the way, may often prove a great boon and source of recreation and diversion, and which is certain to be as profitable as it is pleasant.

**MATERIA MEDICA FOR NURSES.** By John E. Groff, Ph.G., Apothecary in the Rhode Island Hospital., Professor of Materia Medica, Botany and Pharmacology in the Rhode Island College of Pharmacy. Third Edition, Revised, with an Appendix, giving List of Questions for Self-Examination. P. Blakiston's Sons & Co., 1012 Walnut St., Philadelphia.

Mr. Groff presents his *Materia Medica* in its third edition, revised after the eighth decennial revision of the U. S. Pharmacopeia, and with the addition of a series of questions for self-examination.

**MASSAGE AND THE ORIGINAL SWEDISH MOVEMENTS.** By Kurre W. Ostrom. From The Royal University of Upsala, Sweden. Sixth Edition. P. Blakiston's Sons, 1012 Walnut St., Philadelphia.  
The most conservative of many writers on the subject of massage

concludes his book with a plea for examination and registration of trained operators of massage, thus "protecting not only themselves and the profession, but *the general public* as well." Massage has never seemed to be rightly classed with nursing, although many nurses' training-schools include massage in the curriculum. The idea of separate registration seems a reasonable one and we wish Mr. Ostrom speedy success.



A SINGLE SERVICE PAPER MILK-BOTTLE.—*American Medicine*, quoting from *Sanitation*, says: "A. H. Stewart, of Philadelphia, recommends the use of a single service paper milk-bottle instead of the ordinary glass receptacle generally used in the United States. The objections to the glass bottles are the original expense of the bottles, the breakage, the difficulty in cleaning, the expense of collection of empty bottles, and the danger of transmission of infectious diseases through their use. The paper milk-bottles recommended are made in the ordinary size and are conical in shape to facilitate nesting. The bottle is saturated with paraffin, which strengthens it, sterilizes the paper and prevents the taste of the paper being taken up by the milk. The bacteriologic tests made comparing the paper bottle with the glass bottle were decidedly in favor of the paper bottle. The price of the paper bottle is sufficiently low as not to increase the present general delivery price of milk."



## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### ORGANIZATION NOTES

#### THE STRUGGLE IN THE R. B. N. A.

THE history of the Royal British Nurses Association was, and has been, the chief lesson taken to heart by the thoughtful women among American nurses, who are willing to learn by the experience of others.

A noted woman, famous for her record in reform work in questions relating to women and children, has said that the leading characteristic of the American people is that they are incapable of learning from the experience of others. Thus, in our young country, the same calamitous conditions of child-labor are sweeping the land, and laying the foundations for misery beyond computation, which disgraced England for half a century, and the price of which she is not done paying. We will not learn from her bitter lesson. So, too, the position of women in this free land started no higher, no freer, no better, than in old monarchies. Not from the example of others, but through sad experience, are they struggling toward education, legal justice, and liberty to earn their living. But the history of the R. B. N. A. did act as a warning. Through it we learned that it was a dangerous principle to admit physicians,—who are, if not directly the employers of nurses, at least largely middle-men,—to positions of leadership or control. It was so plainly evident that the best ones among physicians,—those we might safely be ruled by,—did not desire and would not take such positions, and that the only ones who wanted them were the jealous and petty sultans among men.

At home we have proved this many times, for our broad, fine men have invariably said, "Manage your own affairs, and we will help you as brothers," and the ones who want to rule are the mercenaries, who look upon nurses as a money-making investment. In the struggle now taking place in England a group of these small men are determined to allow the nurses no just representation in the organization of their working lives and conditions.

One of the significant things these men have done has been to suppress the addresses of members. This is a well-known political

device to keep people from uniting among themselves against unjust control. We have our own examples of it at home in the nurses' directories controlled by medical men, in not one of which can the nurses' addresses ever be learned. We have had personal experience of this in the case of the Philadelphia registry.

What the R. B. N. A. dictators are trying to do is, to prevent the establishment of a central examination; to allow medical men to place untrained women on the register after five years' "practice;" to put medical men in the majority on the central committee.

The *British Journal of Nursing* justly remarks: "Thus trained nurses under this bill are made absolutely dependant upon the will of the medical profession, which is to have power to govern them without the responsibility of training, employing, or paying them."

A private nurse in England expresses as follows the feeling among nurses: "One of the most insulting incidents at the meeting of the R. B. N. A. on January 17 was the contemptuous manner in which Dr. Comyns Berkeley, the Medical Hon. Secretary, attempted to excuse his committee for depriving us of our addresses on the roll which they substituted for our Register of Trained Nurses. We are not quite the homeless nomads Dr. Berkeley appears to think we are. . . . Several of my friends are nurses—from my home district—and they all have homes—one the vicarage, two are daughters of solicitors, and one of a medical man, and very grateful these professional families of good standing are to have their daughters occupied in healthy, interesting work, instead of wasting time at home, looking out for a husband, as did women in the same rank of life in the last generation. Nurses also of different classes have homes or friends, and to publicly state that an honorable body of women, such as our trained nurses are, shall not have their addresses published in their registers because *they are homeless* is about as insulting a thing as ever the R. B. N. A. has done, and that is saying much. The truth is we are easier to 'noble' and control if we are not known to one another. Coöperation amongst, not registration of nurses, is what our enemies, employers, and in some cases, sweaters, fear, and are determined to prevent."—*British Journal of Nursing*.

#### THE IRISH NURSES' ASSOCIATION.

The Irish Nurses are a joy for their vigor, character, and energy. An Ulster branch has lately been formed, where an inspiring address was made by Miss Huxley, a woman whose mind any man might be proud to possess. A precious ingredient in the make-up of the Irish nurses is great common sense, and the interest they take in public ques-

tions is refreshing to behold. Another effective member is Lady Hermione Blackwood, who has done much in bringing them together and who has been made president of the Ulster branch.

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MISS ISLA STEWART's admirable address on the Twentieth Century Matron has been translated into the *Danish Nursing Journal*.

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THE city of Berlin is to have a model institute for the reduction of infant mortality. Both France and Germany have active reform movements in favor of the natural nourishment for infants in place of the widely-prevalent artificial foods. The Berlin establishment is to be a centre for study and original research and investigation, open to all the medical scientists of the empire. Besides laboratories of the most advanced science, there are to be reception wards and homes where mothers will be kept for several months with their babes; and a model dairy of cows and goats for experimenting with these substitutes for mother's milk. The city of Charlottenburg has donated a magnificent site of land for the buildings, and an endowment will come jointly from the municipality and from private munificence.

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THE Berlin Society for Warfare against Tuberculosis employs a nurse, who during the past year has made 1,500 visits. Nine men, 26 women, and 24 children have been sent for curative treatment to sanatoria; 31 men, 18 women, and 3 children in incipency have been given recuperative vacations; 3 men, 8 women, and 1 child were placed in hospitals; 3 women and 17 children were settled in the country, and 17 children sent to summer colonies. The society distributed 2,200 litres of milk, and an abundance of other nourishment, financial aid, clothing, bedding, fuel, etc.

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BERLIN is about to establish sanitarium schools in country and mountain regions for delicate or convalescent children, where they will continue to receive their education while improving in health.

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THE silver wedding of the German emperor and his wife has been celebrated, at their request, by munificent donations for humane purposes, and the German Nurses' Association made a special effort in

gathering funds for the "Hilfskasse," or fund for the aged and invalided nurses who are ineligible for private insurance, and for whom the State insurance is too meagre.

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*Nesokomos*, the journal of the Holland Society of Nurses, is now appearing as a weekly instead of monthly. *Nesokomos* is a thoroughly up-to-date journal, most intelligently and fearlessly edited, and is doing a great work in uniting the nurses of Holland.

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*Nursing Notes* thinks the last year's report of the Royal National Pension Fund a very satisfactory one; the invested funds reach \$5,000,000, and in the year 1905 1,300 new policies were issued. Since the time of starting the fund over \$300,000 have been paid in pensions. This is all very well, but the disgusting patronage and humiliating publicity with which the English pension fund is conducted, together with the fact that it has always served as its first purpose for the glorification of a professional philanthropist, are very serious drawbacks. There is no reason why a pension fund for nurses should not be conducted with quiet dignity and on a perfectly business-like basis. If we ever have one in this country it is safe to predict that the nurses themselves will have something to say about it.

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AN English nurse writing to the *British Journal of Nursing* from Paris says: "To-day is Christmas Day, and it feels very dreary here after England. Nursing matters are in a very sad condition here, and are likely to remain so. I recently visited the 'Hôpital des Enfants Malades,' one of the largest in Paris, containing 800 beds. I cannot describe to you what it is like. The heat is dreadful and all the windows are kept closed. As the nurses in so many Paris hospitals are quite of the lowest class, the general tone is more than doubtful. I am much afraid that there are not many people who will take interest in the Nursing Conference." Perhaps the visit of groups of intelligent women from all countries (for I think we shall have some from almost every country where there are trained nurses) will do something toward stirring up interest in nursing questions in Paris.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



**WOUNDS OF THE EYE.**—*Colorado Medicine* says: "Aseptic precautions are a necessity in every wound of the eye. All of the adjacent parts should be carefully cleansed. Unless they are infected, simple incised wounds and scratches of the cornea should not be interfered with except to smooth out misplaced flaps. In order to avoid infection not only must the outside of the lids and lashes be made clean, but they must be kept clean until the wound has healed. The eye should be closed with a dry or moist bichloride dressing. If the eye is very painful, the dressing may be removed and iced cloths applied until pain ceases. Then the local cloths may be continued or the dressing may be replaced. The writer emphasizes the importance of using iced cloths for the prevention of ocular infection. Oil is the one thing to use in a burned eye. The writer prefers castor oil. In serious penetrating wounds of the eyeball every endeavor should be made to combat infection. The writer believes that this is best accomplished by the constant application of iced cloths. If there is any question about the eye containing a foreign body, an x-ray picture should be taken by an expert. The foreign body should be removed as soon as possible. Atropine is strongly indicated both in penetrating wounds of the globe and in infected simple wounds. The writer concludes by saying that cocaine is not a remedy. It is a local anesthetic. It serves no good purpose and may do a great deal of harm."

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**DEATH FROM ELECTRIC ACCIDENTS.**—The *Journal of the American Medical Association*, quoting from a foreign exchange, says: Jellinek concludes his monograph with the assertion that death from electric accidents in the majority of cases is merely apparent death. The menacing symptoms are frequently of a transient nature, tending to improvement, the vital functions in many cases being merely transiently disturbed or inhibited, and recovering if efforts at resuscitation are kept up long enough. The electricity has a double action. If the material changes are not too pronounced, the psychic phenomena may right themselves in time.



**APOMORPHIA.**—Dr. George H. Puddle in the *New York State Journal of Medicine* describes some experiences in the use of apomorphia. He gave from 1/10 to 1/20 of a grain in cases of nervous excitability following alcoholic excesses. In each case its use was followed by refreshing sleep. He also used it in cases of alarming clonic and tonic spasmodic seizures in hysterical contortions and fits, with satisfactory results in relieving the conditions. It relieved the convulsions following poisoning by oil of tansy and even relaxed rigidity of the muscles in a case of tetanus. He suggests its use in hydrophobia.

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**DIPHTHERIA ANTITOXIN EFFECTIVE IN SCARLATINA.**—Lopes in *American Medicine* states that in his experience early curative doses of diphtheria antitoxin administered in scarlatina abort the disease, curtail suffering and lessen the risk to the patient, one dose of 2,000 units being sufficient in the average case of sore throat due to bacterial infection to effect a speedy cure. He also finds the serum equally effective in all anginas, be they scarlatina, tonsillitis, quinsy, etc., through neutralizing the toxins and reducing the fever and local congestion which contribute to the patient's suffering and the element of danger. There are no contraindications. Lopes says that it should be remembered that the largest quantities of serum the most severe cases may require, from 20,000 to 100,000 units, are not depressing to the heart, are not attended with any bad results or sequelæ and are without a single element of danger.

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**SIMPLE BANDAGE FOR FRACTURED CLAVICLE.**—The bandage employed by Colomb and recommended by him in the *New Orleans Medical and Surgical Journal*, is made from one piece of stout cloth, three yards long for a child and from two and one-half to three inches wide. Enough of the bandage is folded over at one end to extend the full length of the forearm. This is sewed along the bottom, the lapel end and greater portion of the top, leaving an opening into which the hand and arm can be passed easily. Once the arm is inside the sleeve, a safety-pin closes the opening more snugly around the arm, so as to prevent its removal. A few safety-pins where the folds cross make the bandage secure.

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**ACTION OF TEA AS A BEVERAGE.**—Dr. Lauder Brunton, in the *Practitioner* (London) says: Tea may interfere with nutrition in three ways. By lessening the feeling of hunger, by rendering food less



digestible, by interfering with the digestive form of the stomach. While it lessens the nutrition of the body it enables the person to use up much more energy than would be possible without it and so injuriously affects the nervous system. Although tea prevents fatigue from being felt for a while exhaustion is going on both in mind and body and tends to destroy the power to do any useful work, either mental or physical. It may induce neuralgia, which has been described as the prayer of the nerve for better blood and more of it, and the over-exertion which tea makes possible renders the neuralgia more severe and continuous. Tea is a powerful stimulant to the circulation, and if abused will lead to feebleness of the pulse and to palpitation. Tea if taken in moderation and prepared in the proper way by infusing for two or three minutes and then pouring the water off the leaves, suits healthy people very well. When taken in too great quantity, or with meat when too strong or infused too long, it is apt to produce digestive disturbances.

Green tea and black tea are obtained from the same plant and only differ in their preparation. In green tea the leaves are roasted in a pan soon after they are plucked; in black tea they are allowed to undergo a form of fermentation before being roasted.

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**A REMEDY FOR CHOLERA.**—Dr. Ussher, a medical missionary at Van, Asiatic Turkey, has tried a remedy for Asiatic cholera, said to have been first used in this country by Dr. Erskine B. Fullerton, with the following results: C. D. Ussher, inspired by Koch's statement that quinine in 1/1000 to 1/2500 solution destroyed the cholera germ in from ten to thirty minutes, has used the drug in the treatment of cholera, giving ten grain doses every hour till bile reappears in the stools; from forty to eighty grains have been given. While under the old treatment nearly every case was fatal, under this medication 90 per cent. of the patients recovered, including some who were almost moribund. The routine method is described as follows: Quinine sulphate, 10 grains every hour till ricewater stools ceased and bile reappeared; sweet spirits of niter, dry cupping, heat, and friction for suppression of urine; saline injections when the wrist pulse had disappeared (some of these patients recovered under the quinine without injections). Occasionally a diarrhea mixture was employed if intestinal irritability continued after the reappearance of bile. If irritability with foul odor persisted, a mixture of equal parts of sulphophenolates of zinc, calcium, and sodium was used at intervals of from two to four hours.

## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

DEAR EDITOR: Will you allow an ex-army nurse who has over three years of active service to her credit space to say a few words in regard to army nursing in war time in relation to the eligible volunteer list?

The letter from L. L. Hudson, published in the February number of the JOURNAL, seems to me to offer by far the strongest argument in favor of such a list that has yet been presented, although doubtless it was not written with this end in view. To plead the confusion and mismanagement that existed in early war days as an excuse for withholding support to a measure that has for its primary object the prevention of a like condition in future seems rather illogical.

Possibly if the army nurse of '98 could have been drawn from such a list, Miss Hudson's experience might have been quite different.

Unless my memory is at fault the doctor lady received her appointment as chief in place of a nurse who had proved incompetent. At that time Presidio, together with most of the large army hospitals, rejoiced in a miscellaneous collection of women—good, bad and indifferent, and the surgeon in charge, like many of the older army men, knowing little or nothing of the trained nurse, judged all by the unfortunate standard set by a few. Later on he learned to appreciate them at their full value, but alas, he swore to the bitter end!

Miss Hudson and her friend seem to have been peculiarly unfortunate in their experience with army surgeons. How can anyone state that there were no gentlemen in a corps that numbered Colonel Geo. H. Torney, gruff but kindly General Woodhull, Major Kendall, Major Shaw, Major Ireland, and the late Major W. R. Hall among its members?

There is, however, a strong sentiment among ex-army nurses that the Medical Department is a little unreasonable in demanding the flower of the profession in exchange for its own offers in return.

The government has been sufficiently liberal in the matter of quar-

tera, travelling allowances, etc., but the hated army ration, like the poor, bids fair to be with us always.

When the Army reorganization bill with its provision for a permanent Army Nurse Corps was passed in 1901, it was with a bitter sense of disappointment that we noted that no change had been made upon the (to us) vital point of subsistence. We had by our two and a half years of service proved to the Medical Department that the trained nurse was a necessary adjunct to the military hospital, but we had failed to impress it with the fact that we were deserving of a better class of maintenance than that accorded to the teamster and the enlisted man.

I am not discussing the ration from the viewpoint of its desirability as food for women of the class from which our best training-schools are recruited, but entirely in its relation to the dignity of the nursing profession.

While chief nurse of a small military hospital in Northern Luzon, I had occasion to fight many a battle royal with the commissary officer in regard to our allowances and commissary privileges. One day he exclaimed somewhat irritably: "Well, it is hard to class nurses properly, for you know the only other persons to whom rations are issued are enlisted men and teamsters!" Now, teamsters, or in other words *mule drivers*, are about the toughest element in the entire service, and of course it was anything but gratifying to hear myself and my companions ranked with them.

This seems to be the sentiment of the army as a whole, although many are too polite to express it, for there is a big social difference between he or she who draws rations and he who pays his own mess bills. A very disagreeable feeling was created during the meeting of the Spanish War Nurses in Washington in December, 1902, by the action of the Army Medical Department in connection with the Navy Nurse Corps bill, which had already been introduced in the Senate by Mr. Gallinger of New Hampshire. The Army objected so seriously to this bill because of the superior allowances, pay and (above all) *position* that it accorded the Navy nurse that it actually had to be withdrawn from the Committee on Naval Affairs and revised to make it more uniform with the Army Nurse Corps. Needless to say that in the process it was shorn of most of its advantages.

We felt that the bill should have been allowed to stand as first drawn, and if it successfully passed both houses of Congress the army could then have secured legislation which would enable it to bring its own nurse corps up to the same standard.

In view of the above you may be surprised to hear that for the last two years my name has been enrolled on the list of eligible volunteers.

In my letter to-day I am simply trying to help solve the problem of why the ex-army nurses do not respond, by giving to the *JOURNAL* a few of the reasons known to me; and although perfectly in accord with them in regard to the objectionable features of army nursing, I personally feel that should my country ever again need my services I will cheerfully give them even under the old conditions.

With the present ever-increasing prospect of something much more serious than the dawn "Coming up like thunder out of China 'cross the bay," surely the nurses of this country are not going to leave the medical department with a list of fifty names from which to draw its volunteer staff.

No matter what may be our views in regard to the conditions imposed by army service, who of us who have served under the Stars and Stripes in Cuba, Porto Rico, China, the Philippines, and in the camps of the United States will fail to respond to the celebrated toast of Admiral Decatur:

"Our country! \* \* \* May she always be right; but *right* or *wrong*, our country."

ESTHER V. HANSON,  
Ex-Army and Spanish War Nurse.

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TO THE EDITOR: It is true that state registration for nurses is one of the longest steps yet taken towards establishing the profession of nursing on its proper basis in the eyes of the world; that is to say, ranking it among those professions the members of which are honorably and legally recognized, and cannot be competed with by any who have not carried out the prescribed length of study required for making them members of such professions.

It is true that nurses are working hard all over the world to gain recognition as a body by the state, and to impress on it the necessity that it should grant them its protection; and in a measure they have accomplished their object. Many lawyers and some doctors are interested in the effort, and coöperate in it; but outside of these, who is there of the general public who knows of the effort that is being made? The world in general does not know what nurses are trying to obtain, and because of its ignorance is not lending its interest. Why is it that more of what is being done or written is not published in the daily newspapers, as well as in the nursing periodicals, so that the public can

become interested, and therefore educated to the fact that the profession of nursing is as important as the medical profession, and that quackery among nurses is not to be countenanced any more than quackery in any other profession?

It seems to me that the real help towards establishing this state of things is not coming from doctors, who, in spite of all that nurses have done, still continue to employ untrained nurses; nor from lawyers, who admit that registration is right and let it go at that; but from the every-day reading public, who are our true employers, and are the ones who would naturally demand skilled work for good money. Also, it is only by giving wide publicity to the matter that those women who have no right to style themselves "trained nurses," but nevertheless demand trained nurses' fees, can be reached, and have the enormity of their deception placed before them and the public.

Monthly and weekly periodicals reach comparatively few; newspapers reach everyone. Therefore let all such articles as the one on "The Progress of Registration," written by Miss L. L. Dock, be published in every daily paper, and not confined solely to the *AMERICAN JOURNAL OF NURSING*. I am writing this from my own personal experience, and also because I have heard educated members of the reading public express ignorance and surprise that such a step as state registration is in existence, and wonder what its accompanying benefits may be to the public. If publicity is not given to registration, the privilege of writing R. N. after her name will not be of any more value to the nurse in the future than the diploma and badge have been to her in the past.

PHYLLIS S. WOOD,  
Graduate Buffalo General Hospital.

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DEAR EDITOR: I should like to say to "Yearling" that when in doubt, an excellent rule to follow is to do that which is useful to one's patient, for it is the nurse who is of service who continues to be in demand. As to diaper washing, I started on my career as a private nurse with the idea that it was work which did not belong to me, and I clung to that idea for some time, until I found out how upsetting it was to an entire household to add that to the work of an already overburdened servant. If there is a laundress, regularly employed, I give her the diapers to do, but I wash out the soiled ones as soon as they are taken off the baby, and leave them soaking in cold water and ivory soap. The good feeling this brings forth repays me for the little extra work. All



servants dislike to wash diapers which have been left standing, and who can blame them? Where there is no laundress, I do them myself. If the patient will provide an agate pail and a tiny wash-board, the washing can be done in the bath-room and the boiling on the kitchen stove, with no trouble to any one. If put on to boil in cold water, there will be no stains. I usually give the baby's flannels to the washer-woman to do, as she has better facilities for doing them, and knows how to keep them soft better than I do.

To wheel a baby carriage through city streets is a most monotonous and tiresome occupation. I would far rather wash diapers, but I never refuse to do it, if the mother of the baby wishes me to take it out, for I see so many carriages bumped about by careless nurse-maids, or turned toward the sun or wind, that I think the poor babies should be in the care of the best available person. In the country, in summer, especially where there are large grounds for the baby's use, it is a delight to be out with it.

The only time I envy nurses of other schools their out-door uniforms is when I see one out with a baby, for she is secure from friendly advances from nurse-maids. Some of these I am glad to know, but they are not the ones who hail a passing stranger with a carriage as one of their own gossiping craft.

K. D.,  
Chicago.

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DEAR EDITOR: I think our private nurses are prone to shirk answering questions and papers that appear in the *JOURNAL*, each one thinking, I suppose, that one more competent and less busy will take it upon herself to answer them.

In reply to "Yearling" in the March *JOURNAL*, I would say that while I have done only a limited amount of obstetrical work in eight years of nursing, I have always found it more satisfactory to attend to the washing of the baby's flannels myself unless quite sure that the servant could and would do it properly.

I think a servant should do the napkins. I have never wheeled the baby out myself. It seems to me better to let a servant do that. Of course, if there were no servant I should do it myself. It has been my observation, however, that many obstetrical nurses do wheel the baby out, and in uniform.

Speaking of going out in uniform, I wonder why intolerance is such a common fault of nurses, who of all people should cultivate a spirit of tolerance? A recently read article on the subject of a nurse going on the street in uniform would lead one to suppose that under



no circumstances whatever was it pardonable. Of course, it is not the correct or desirable thing to do, but there are frequently cases when if a nurse did not take her few moments of outing in uniform she could not take them at all.

And while in a dissenting mood, I wonder why some things are done in training-schools that, from a common-sense standpoint, seem rather absurd? For instance, in one school of which I have been told, the nurse provides a complete probation outfit,—uniforms, aprons and cuffs in abundance, which at end of probation period are all discarded, not even the aprons and cuffs used, although there is only the slightest difference in the way they are made. In one instance of a nurse who is making a splendid record in the school, it was really a hardship to her family to provide the quantity of uniforms required. It seems as if some of the unnecessary labor and expense might be avoided.

In the same school the nurses are not allowed to speak to internes. If an interne enters a parlor where a nurse is with a visitor the nurse is required to leave the room. Among a class of young women such as nurses are supposed to be, such rules seem rather out of place.

In a very excellent school where seniors did outside work at the time, the rule was made that no nurse should drive with a coachman unless some member of the family were along. Some nurse had stooped to flirt with a coachman and the rest of the school were made to suffer with her. Naturally there was great indignation.

I have digressed from original purpose and sound very critical. My attitude toward nurses and training-schools is not critical, however.

V. V. H.,  
Madison, Ga.

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DEAR EDITOR: For some months past, I have been an interested reader of the articles in which nurses have been criticised for not responding to the call for nurses for the Army Reserve Corps, also in some of the answers which have appeared in the late JOURNALS.

First, I must admit that, to the general public, it may look like indifference or lack of patriotism, but that it really is, I most emphatically deny. The busy nurse is apt to put off the complicated and troublesome preliminaries that are required, when she does not see any signs of really being needed, perhaps not in years, possibly never.

As for the ex-army nurse, she may have her reasons for not offering her services. Of the many whom I know, there is not one whose loyalty and patriotism can be doubted, nor who would not willingly go anywhere where she needed.

I was an army nurse from July of '98 to April of 1900, and in all have done over six years of government work, yet I hesitate to offer my services to the War Department, not knowing whether they would be considered worthy of acceptance. Is it not possible that many others may feel somewhat the same?

ANNA R. TURNER,  
Ancon Hospital, Panama.

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DEAR EDITOR: A few of the methods I have adopted in obstetrical nursing may be of help to "Yearling" in solving the problems mentioned in the March number. When engaging for a case a list of supplies is given the patient including gauze, cotton and old squares of linen or soft cotton for use inside of diapers. I explain that the vulva pads of gauze and cotton and the squares containing the worst of the soil are burned, thereby saving much laundry. I myself rinse out the wet diapers for use the second time (never more), and place the soiled ones in cold water in the laundry for the maid to wash. I only wash the baby's flannels when I see that they are being ruined.

Usually the baby can take its airing in a basket or cab on the porch. I would not consider it bad form, however, to wheel the baby on the street, but I do consider it the worst of bad form for a nurse to wear her uniform on the street under any circumstances.

When it is possible, if the nurse will spend a half day with a prospective patient, making the pads herself, she can explain the method she pursues. When I have done this I have been repaid by having everything ready at the time of confinement, and invariably the patient has instructed her servants what to expect. Some nurses do not consider it their duty to wash and sterilize the bottles where they are used for the baby. Others do not carry or prepare the patient's tray. To me these things are more strictly the nurse's work than doing the laundry. I cannot say that these are the rules of this locality, as I find that nurses follow their own ideas and individual tastes in settling problems for themselves.

L. B.,  
Des Moines, Iowa.

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DEAR EDITOR: The managers of quack training-schools for nurses, correspondence schools, short-term schools and the like, where nursing pretends to be taught without patients, by dint of hearing a few lectures and attending a few classes, are adopting a most shameless and hypocritical method of advertising themselves and of protecting themselves

from public criticism. Understanding well the readiness with which numbers of well-meaning but sentimental people allow themselves to be taken in by pious frauds and by asseverations of religious purpose, the quack nursing-school is now blatantly cried over the country as founded on religion and a love of humanity, and as working solely from a religious impulse. The cant, amounting to plain blasphemy, and fulsome pretentiousness and unctuousness with which the circulars and reports of these schools are filled, is disgusting to a refined mind and odious to those who abhor seeing the mantle of true religion used to cloak the most fraudulent and self-seeking purposes.

There is too little genuine, self-forgetting, unostentatious religion to-day, and too much of the loud declamatory type. The mode of advertising of the fraudulent nursing-school is precisely that of the patent-medicine fraud. It is a canny scheme, because many will be intimidated by it and will hesitate to oppose what wears the tag of religion, fearing to be shrieked at as irreligious or as hostile to the works of religion.

JUSTICE.

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DEAR EDITOR: I have wanted to send thanks to the JOURNAL many times for ideas and helps found within its pages, but one thing especially has been of great benefit to me. That is Miss Ruth Sherman's "Method of Sterilizing in a Private House," and I want her to know that several others have thanked her in their hearts for so carefully explaining how to arrange the cheese-cloth around the boiler, so that there is no chance of the bundles to be steamed falling into the water.

Until I made a hammock after her pattern I had had many a slip into the water of parcels to be steamed—sterilized. I gathered the cheese-cloth at the handles, and fastened it with safety-pins, but I always held my breath (while some one else held the opposite end of the cloth), and at intervals until the bundles were safely out of the uncertain sterilizer.

Now with this new device I feel as comfortable as if I were in a modern hospital sterilizing-room, and so do not need to plan time for possible mishaps. The JOURNAL is a great post-graduate assistance.

E. L. P., R.N.

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DEAR EDITOR: Answering "Yearling," as a nurse of long standing, I made it my rule to wash my babies' diapers and flannels in all cases where there was no nursemaid or separate laundress. I knew then how they were washed—no soda or washing powders, and by the

use of small folds of muslin that were destroyed, and rinsing or, indeed, washing at once, as soon as used, I experienced very little trouble, and except when the water was unusually hard, no detriment to my hands. As to the flannels, no one else seemed to do them so well, and I was careful that they did not need to be washed too often. No baby is too young to be trained to the use of a small bowl, held in the lap. This obviates a good deal of washing. I *have* caught the meconium! I am aware that my practice is rather the exception, but I never found my dignity or standing lowered by such action. My record stands now at my sixtieth birth.

"1890."



**PNEUMONIA.**—Dr. H. B. Weaver in an article in the *Medical Record* says that pneumonia is increasing in prevalence and fatality and urges that more attention should be paid to prophylaxis. If measures of prevention were more generally taught and adopted, the prevalence of pneumonia could be greatly reduced in a short while. The profession should know and the people must be taught how to prevent pneumonia. They must be informed that it is infectious; that it can be communicated from one person to another; that it is *preventable*. And how? Simply by taking care of the sputum of pneumonia patients. Instruct them not to expectorate indiscriminately on the floor or bedding. Let them spit in a cuspidor, or upon cloth, which should be immediately burned. The mouth and teeth should be thoroughly and often cleansed with an antiseptic wash. In fact all the excretions should be as sedulously disinfected and destroyed as in cases of typhoid fever. And after recovery or death in every case of pneumonia, the room should be as thoroughly disinfected by fumigations with formaldehyde as in cases of all other contagious diseases.

**PERUVIAN BALSAM IN TREATMENT OF WOUNDS.**—The *Journal of the American Medical Association*, quoting from a foreign contemporary, says: "Schlöffner has treated more than 100 cases of wounds with Peruvian balsam and his experience has convinced him that the balsam has certain properties which surpass those of any other substance at our disposal for the treatment of wounds, especially in crushed and soiled tissues. Severe inflammation never develops in any wound treated with the balsam in the first twenty-four hours. The balsam is poured into the wound and every crevice filled. It attracts the leucocytes to the spot and has a kind of mummifying effect on the dead tissues, while it mechanically checks the development of micro-organisms."

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### THE MEETING OF SUPERINTENDENTS OF TRAINING-SCHOOLS.

The twelfth annual meeting of the American Society of Superintendents of Training Schools for Nurses will be held in New York City on April 25th, 26th, and 27th, at the Academy of Medicine, 17, 19, 21 West Forty-third Street.

The first session will be on Wednesday morning at 11 o'clock.

After the morning session, the Society will be entertained at lunch at Delmonico's by the alumnae associations of New York City.

The afternoon session will open at 3 o'clock.

The New York Hospital Nurses Club will entertain the Society at a tea at their clubhouse, 8 West Ninety-second Street, from 4 to 6 P.M.

The exhibit at the Nurses' Settlement will be open at 7 P.M.

The morning session on Thursday will be at 10 o'clock, and the afternoon session at 2.

The Society is invited to inspect the Nurses Settlement exhibit from 4 to 6 o'clock.

There will be a reception at the Florence Nightingale Hall, of the Presbyterian Hospital, at 9 o'clock.

The morning session on Friday will be at 10 o'clock. A demonstration of some practical methods of nursing will be given in the Sims Operating Room at Roosevelt Hospital from 3 to 5 in the afternoon. The following committee is in charge: Chairman, Miss Van Kirk, of Mt. Sinai Hospital; Miss Samuel, of Roosevelt Hospital; Miss Wilson, of St. Luke's Hospital; Miss Rykert, of the Post Graduate Hospital.

The residents of the Nurses Settlement have extended a cordial invitation to the Superintendents' Society to visit the Settlement on Wednesday evening and Thursday afternoon. The houses will be thrown open to the visitors, but they will perhaps be most interested in the exhibit of visiting nurse's work. This small exhibition will be held in a neighboring tenement-house and will be designed to show the adjustment of a few of the best methods of nursing to the appliances that may be gotten together in the ordinary home of the poor man. In connection with this Miss Rogers, Supervising School Nurse, will also display the very simple and economical outlay necessary for the establishment of a nurse in public-school work.

The following hotels are suggested to members:

Hotel Manhattan, Forty-second Street and Madison Avenue, New York City; \$2.50 per day.

The Murray Hill Hotel, Fortieth Street and Park Avenue; \$2 to \$4 per day.

The Holland House, Fifth Avenue and Twenty-ninth Street; \$2.50 per day.

Park Avenue Hotel, Park Avenue and Thirty-second Street, \$1.50 to \$2 per day. Two in room, \$2 to \$4.



Hotel Martha Washington (Women's Hotel), 29 East Twenty-ninth Street; \$1 to \$5 per day.

The Westminster Hotel, Irving Place and East Sixteenth Street, \$1 to \$3 per day. American Plan, \$2 additional per day.

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#### REDUCED RATE FOR THE DETROIT CONVENTION

Members contemplating attending the Convention in Detroit are asked to send in their names as soon as possible, particularly those living in the South, Southwest and West, i.e., west of Chicago.

The reduced rate will be in effect from Friday, June 1 to Monday, June 11; this time will be extended for members living in localities more than three days' journey from Detroit, providing the number travelling from such localities warrants the reduction.

Additional information will be published in the May JOURNAL.

MARY E. THORNTON,

201 West One Hundredth Street, New York City.

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#### STATE MEETINGS.

NEW YORK.—The annual meeting of the New York State Nurses' Association will be held in the City Hall, corner of Eagle Street and Maiden Lane, Albany, N. Y., on Tuesday, April 17, 1906. The meeting will begin promptly at 10 A.M.

An interesting programme has been prepared. Mr. L. Bissell Sanford, R.N., will read a paper on Registers and Club Houses, and a member of the Monroe County Registered Nurses' Association will speak of the necessity of organizing county associations.

FRIDA L. HARTMAN, R.N., Secretary.

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GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA.—The spring meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held at Altoona, Blair County, Penna., on April 18, 19, and 20.

The first meeting will be held on April 18 at 2.30 P.M. in the Opera House. An interesting programme has been prepared and all who are interested in hospitals, nursing, or their fellow-men are asked to attend.

The executive sessions will be held at the Logan House on the following days.

MAURICE W. MILLER, Assistant Secretary.

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QUARTERLY MEETING OF THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held at Grace Hospital, New Haven, February 7, 1906, the first session at 10 A.M., the second session at 2 P.M.

In the absence of President and First Vice President, Miss Wilkinsons, of Hartford, the Second Vice President, occupied the chair. The address of welcome was by Dr. Skiff, of New Haven. There was also an address by the Rev. D. W. Perry, of New Haven.



At the business session the minutes of the last meeting were read and accepted, and there was a discussion in regard to the continuance of quarterly meetings. The subject was freely discussed, and it was decided by vote to continue the quarterly meetings.

There was also a discussion in regard to adopting a badge to be worn by registered nurses. A motion was made and carried to leave this matter with the State Board of Registration.

The Association voted that hereafter the Executive Board prepare the programme for all meetings of the Association, and that all expenses incurred by these meetings be paid from the Association's treasury. The revision of the by-laws was read and discussed. It was voted to send a copy of such revision to each member one month before the annual meeting. Miss Albaugh, Superintendent of the Grace Hospital Training-School, gave the Association a most cordial invitation to visit the Hospital.

Luncheon was served at the Nurses' Home after the morning session.

Afternoon Session.—Solo by Miss Grace Walker. Address by Miss Julia Deane Moffatt, Field Secretary of the Home Missionary Society. The meeting was adjourned to meet at the New Haven Hospital, May 2, 1906.

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LOUISIANA.—The second annual meeting of the Louisiana State Nurses' Association was held on February 22. There were a large number present. The meeting was called to order at 2.30 P.M. by the President, Miss C. Fromherz. Thirteen new members were elected.

The election of officers for the ensuing year resulted as follows: President, Miss C. Fromherz, Graduate Touro Infirmary; vice-president, Miss Williamson, Graduate Charity Hospital; first vice-president, Miss S. Lawrence, Graduate Touro Infirmary; secretary, Miss O. Norman, Graduate Charity Hospital; Treasurer, Miss K. Dent, Graduate New Orleans Sanitarium; director, Miss Wall, Graduate Touro Infirmary.

After the regular business was completed the secretary read a letter of greeting from the ex-secretary, Miss L. May Bushey, which was thoroughly appreciated by all. Some interesting papers were read, after which the members adjourned to reassemble at a very informal reception which was immensely enjoyed by all present. We have had many interesting lectures during the season and the interest manifested by all is very encouraging.

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CONNECTICUT.—At a meeting of visiting nurses held at Grace Hospital, New Haven, Connecticut, February 7, Miss Mary Grace Hills was temporary chairman, delegates were present from Derby, Ansonia, New Britain and Hartford, also New Haven.

It was unanimously voted to form a State Association of Visiting Nurses in order to bring the women engaged in this branch of the work into closer relationship with one another. Miss Martha J. Wilkinson, of Hartford, was elected president, and Miss Mary Grace Hills, of New Haven, secretary and treasurer.

After a short discussion of the methods of work in the different visiting nurses' associations, it was voted that the annual dues be one dollar. An invitation was accepted from Miss Hill of New Britain to meet in that city the last of March.

The Secretary was instructed to write to the visiting nurses of the state who were not present, asking them to meet and cooperate with us in New Britain. The meeting was adjourned to meet at the call of the president.

MARY GRACE HULLA, Secretary.

ILLINOIS.—The regular quarterly meeting of the Illinois State Association of Graduate Nurses was held in the Masonic Temple on February 9. Mrs. S. E. Blackwelder, of the Chicago Woman's Club, gave an interesting address on "Vacation Schools." Professor Henderson, of the Chicago University, will address the association May 9.

DENVER.—The Colorado State Board of Nurse Examiners held two meetings at the State Capitol on February 27 and 28, and March 15, at which a number of nurses were registered under the waiver which expires April 1, 1908.

#### REGULAR MEETINGS.

NEW YORK.—The association of graduate nurses of Manhattan and Bronx, in existence now for nearly four years, holds its regular meetings as heretofore on the afternoon of the second Monday in each month at the League for Political Education, 23 West Forty-fourth Street. The last meeting was well attended and several subjects now before the nursing world were discussed with great interest.

This association was primarily designed and eventually formed somewhat on the basis of an alumnae society, providing a local organization for graduates of schools in cities of other states, whose work lies in New York City. Many of the members hold hospital positions, others are engaged in settlement and sociological work; a large number prefer and are doing private nursing. This society is in full membership with the New York Nurses' State and County Associations, all of whose regular meetings its members are at liberty to attend. All nurses who believe in attaining to a high educational and professional standard, who are interested in the many forward movements of the day, are always gladly welcomed to membership.

ANNIE STUART BUSHELL, Secretary,  
100 West Seventy-seventh Street.

DAYTON, O.—The regular monthly meeting of "The Graduate Nurses' Association of Dayton and Vicinity" was held January 31, in the parlors of the beautiful new Memorial Home at the Miami Valley Hospital. The meeting was called to order by the president, Miss Ella Phillips Crandall, who is also president of the Ohio State Association. After the transaction of business a profitable hour was devoted to the program, the subject of the day being "Science." An interesting paper by Miss Shroyer on "America's Position in the Scientific World" was read and discussed. The usual discussion of current events followed and later refreshments were served.

The association was organized in June, 1904, and has proved beneficial, socially, professionally and intellectually. There is inspiration in these meetings others with mutual interests. The membership includes a number of the nurses in the hospital at The National Military Home and is steadily increasing.

**CEDAR RAPIDS, Ia.**—The annual meeting of the Cedar Rapids and Marion Graduate Nurses' Association was held February 26, 1906, at St. Luke's Hospital, the first vice-president in the chair. The officers for the coming year were elected as follows: Miss Grace Baker, president; Miss Margaret Smyth, first vice-president; Miss Charlotte Rhodes, second vice-president; Miss Bertha Hartig, secretary; Mrs. Mary Greer, treasurer.

**NEW BEDFORD, MASS.**—The alumnae association of St. Luke's Hospital Training-School for Nurses has met five times since the annual meeting in June. In October Miss Noyes read a very interesting paper on Foreign Hospitals, a result of her observations while abroad.

Mrs. Lowry brought the subject of uniforms before the association. A fine quality of Canton cloth was chosen for the white uniform, while a light blue chambray, to be made like the white uniform, was selected for occasional wear.

The alumnae have revised the schedule of nurses' prices, including those for contagious cases, laundry, etc., and have sent a copy of the new schedule to the practicing physicians of the city. This circular also states that nurses for charitable work will be supplied by the hospital registry at the request of any physician.

Arrangements have been made for question-box meetings, each member to contribute a question, criticism, or suggestion for discussion.

The subject of tuberculosis, now receiving so much attention in the professional world, will be taken up by the association; papers will be read and discussed, with a view to rendering each member a more effective, up-to-date assistant in stamping out this disease.

The meetings are well attended. The social element is cultivated, and the general interest is most gratifying.

**PLAINFIELD, N. J.**—The graduate nurses of the Muhlenberg Hospital Training-School met at the Nurses' Home on March 1, for the purpose of organizing an Alumnae Association. After a thorough discussion of the objects of the association, the following officers were elected: President, Miss Margaret Cramer; first vice president, Miss H. Wildey; second vice president, Miss Grace Palmer; secretary, Miss Olive Z. De Lany; treasurer, Miss May Van Campen.

Mrs. D'Arcy Stephens, president of the New Jersey State Nurses' Association, addressed the nurses, giving them some interesting and valuable information on the state organization. It was decided to hold meetings on the third Tuesday of each month.

**KING'S COUNTY.**—The King's County Graduate Registered Nurses' Association held its annual meeting on February 15 and was largely attended. Officers were elected as follows: President, Miss Martha O'Neill; first vice-president, Miss K. Fanning; second vice-president, Miss Tweedale; third vice-president, Mrs. Abbott; recording secretary, Miss McCarthy; corresponding secretary, Miss A. B. McDonald; treasurer, Miss Isabel Burrows.

St. Mary's and the Brooklyn Hospital Alumnae were admitted to membership. The semi-annual meeting in October will be devoted to papers and discussions on professional questions. The Kings County has been admitted to full membership in the New York State Association.

HARTFORD.—The regular quarterly meeting of the Hartford Hospital Training-School Alumni Association was held at No. 37 Jefferson Street, March 6, at 3 P.M. The vice president presided, and Miss Alice M. Smith was elected secretary pro tem. A report of the membership committee was read.

It was decided by vote to hold the annual meeting June 19 instead of June 5, the latter being the date when the Associate Alumni meeting will be in session in Detroit.

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NEW YORK.—At the March meeting of the Lebanon Alumni the following officers were elected for the coming year: President, Mary Lurie; vice president, Minnie Morley; second vice president, Harriette Rosenbluth; recording secretary, Mary Burns (relected), 733 Forest Avenue, New York City; corresponding secretary, Margaret Clancy (relected), 1063 Tinton Avenue, Bronx; treasurer, Ida Michaelson, 31 Canal Street, New York City.

Margaret Clancy was elected delegate and Mary Lurie alternate, to the New York State meeting at Albany and the Associated Alumni Convention at Detroit. It was proposed and unanimously carried that the organization join with the other associations of New York City in entertaining the American Society of Superintendents of Training-Schools, in April.

The association has appointed a committee to provide ways and means for caring for the members when ill. A social entertainment is also being considered.

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NEW YORK.—The Alumni Association of St. Luke's Training-School held its regular monthly meeting in the Training-School on the evening of February 15. Miss Brown, '03, and Miss Palmquist, '05, were proposed for membership.

Several changes in the amendments and by-laws were voted upon prior to having the constitution and by-laws printed in pamphlet form.

After the business was transacted, refreshments were served.

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BOSTON.—The annual dinner of the Massachusetts General Hospital Alumni Association was held at the Hotel Thorndike Tuesday, March 6, preceded by a half-hour reception. The table decorations of red carnations were presented by an absent member. Mrs. M. A. Johansson, of the first class to graduate from the Massachusetts General Hospital in 1875, reminisced in an interesting way on the early days of the training-school. This was followed by speeches from other members, after which the association presented Miss Johansson with a bouquet of roses. At the close of the dinner all joined hands and sang "Auld Lang Syne."

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BOULDER.—The Boulder County Nurses' Association held its meeting on March 6, at the Colorado Sanitarium. Two articles were read and discussed, which brought out the importance of fresh air and sunlight to the recovery of the sick. Mr. Herbolzheimer, who, with his wife, is soon to locate in Japan, gave some ideas of their future work. This association is steadily growing in numbers and interest.

**DENVER.**—The Trained Nurses' Association held its annual meeting at the Y. W. C. A. building on March 5. The election resulted as follows: President, Miss G. A. Wallace; vice-president, Miss L. M. Fowler; secretary, Miss H. L. Corey; assistant secretary, Miss E. M. Allen; treasurer, Miss S. E. Quackenbush. Rev. Robert F. Coyle, D.D., gave a very interesting address on the Influence of Mind over Matter.

**BALTIMORE.**—The Nurses' Alumnae Association of the University of Maryland held its first quarterly meeting for 1906 at the University Hospital on Monday, March 5, 4 P.M.

The attendance was gratifyingly large and the meeting one of importance, there being many matters of general interest to be considered. A delegate was elected to attend the convention of the Associated Alumnae to be held in Detroit in June.

**BROOKLYN.**—The regular monthly meeting of the Methodist Episcopal Hospital of Brooklyn Alumnae Association was held March 14 at the hospital. A large attendance of graduates answered to the roll.

The proceeds of the musical which was held at Dr. Jones' house for the benefit of our endowment fund amounted to two hundred and forty-one dollars. The wives of the attending doctors and ex-interns acted as patronesses for the evening. Next month a cake and candy sale will be held for the same benefit.

The work on the hospital is rapidly approaching being completed, and it is the earnest wish of the nurses to have the required amount to endow a room by that time.

Dr. Florence Leigh-Jones described the meeting to defeat the Cooper Bill for registration, after which a discussion was held by the nurses upon the subject, each member sincerely trusting the bill would not be passed, all being satisfied with the present New York State registration.

The resolutions which were sent to the late Dr. George R. Fowler's family were read.

Two delegates were appointed to attend the National Alumnae Association to be held in Detroit in June.

April 11 is the annual meeting of the Alumnae, when the election of officers for the ensuing year will be held.

**BROOKLYN.**—Tuesday afternoon, March 13, Dr. A. T. Bristow, of Brooklyn, N. Y., gave an address on registration, at 128 Pacific Street, to the Long Island College Hospital Alumnae Association, and graduate nurses from other schools who are interested in the subject.

Dr. Bristow is very much interested in the state welfare of nurses and urges registration for all nurses who can meet the requirements. He made a special point of the law becoming compulsory with us, as it is with physicians. In this enforced registration only, could the present bill accomplish all that it hoped to. He also spoke of the short-lived, much-talked-of Hicks bill and other bills and amendments of the same nature, which would probably come up to be fought for and against. "The present bill as it stands is merely a start in the right direction."



In closing Dr. Bristow congratulated the Long Island College Hospital Alumni Association on its prosperous condition, the success of its Registry for Nurses and its alumni home.

This address followed the regular monthly meeting of the association, at which dates for state and national annual meetings were announced and talked over. Four new names were voted in for membership.

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#### PERSONAL

THE Spokane graduate nurses gave a ball at the Masonic Temple on February 14, which was attended by two hundred couples. The proceeds are to be used toward state registration. The reception committee were Misses Galbreath, Hubbard, Kemp, Honey, Hewitt, Skye, Miss Margaret Honey, Mrs. Edmiston and Mrs. Biedermeier.

EVERYBODY will rejoice to learn that Miss Ellen V. Robinson, '01, is again doing hospital work. She is assisting with the office work at Lutheran Hospital, La Crosse, Wis., and when occasion offers does some active nursing.

THE Erie County Alumnae of Buffalo, N. Y., gave a farewell reception and dance to Miss Emma J. Kenting on February 24. Miss Kenting is now superintendent of nurses at Jackson Sanitarium, Danville, N. Y.

MISS RACHEL METCALF, superintendent of the Orange Training-School for Nurses, attached to the Orange Memorial Hospital, who succeeded Mrs. Fanny E. S. Smith, has tendered her resignation to the board of governors of the training-school.

MISS FRANCES M. QUAIPE has resigned her position as superintendent of the Toussaint Infirmary, in New Orleans, La., having served the institution in that capacity for ten years. The resignation is due to the fact that the Board of Managers have engaged a male superintendent. Miss Quaipe will return to her home in New York City for a much-needed rest.

MISS M. A. SNIVELY is to sail for Southern Europe on March 31 for a three-months' vacation. Miss Snively will visit Italy and Switzerland.

MISS GRACE ELLSWORTH has resigned as superintendent of nurses of the Wesley Hospital, Chicago, to take effect June 1.

MISS L. M. FOWLER, who has recovered from her recent operation, resumed her duties as superintendent of nurses at the City and County Hospital, Denver, Col., on March 12.

UPON the resignation of Miss Bertha C. Rowe as nurse in charge of the Middletown District Nursing Association the Board of Managers passed the following resolutions:

WHEREAS, Miss Bertha C. Rowe, who for the past five years has been head nurse in charge of the work of the District Nurse Association of Middletown, has now resigned from the position, be it

Resolved, That the District Nurse Association accepts with regret Miss Rowe's decision, as they feel that in the five years of her service she has been efficient, capable and untiring, and has done much to establish the work of the association in the hearts of the community.

MISS EVA ALLESTIN, who was much improved in health at one time, is now seriously ill. Miss Allestin has been brought back to Rochester and is occupying her little cottage at the Homeopathic Hospital, in the care of nurses.



Miss ADA GRAMAM, of St. Luke's Hospital, New York City, N. Y., has been appointed superintendent of St. Peter's Hospital, Helena, Montana.

Miss ESTHER WILDMAN, a graduate of the Philadelphia Polyclinic Hospital, has been elected superintendent of the West Philadelphia Hospital for Women.

Miss H. NARRIS MONTGOMERY, Baltimore City Hospital, Class of 1903, has taken charge of the Keystone Hospital at Keystone, W. Va.

Miss A. LOUISE DITTRICH, superintendent of Providence Hospital and Training-School, El Paso, Texas, has tendered her resignation.

Miss EMILY DANA GREENE, directress of nurses of Providence Hospital, El Paso, Texas, has resigned her position.

Miss HELEN MONTAGUE has resigned her position at Providence Hospital, El Paso, Texas.

Miss ALICE PEPPER, graduate of The Lady Stanley Institute, Ottawa, Ont., Class of 1904, left early in January to take charge of the hospital at Frank, Alberta.

#### HOSPITAL ECONOMICS

I FIND by the questions asked that many have the idea that the Hospital Economics Course is a two-year course only. The special certificate on the completion of the one-year curriculum still stands as it did in the first place. The second-year curriculum (studies as given in the circular) secures the diploma. Some of those working this year for a certificate hope to return at some future time and take the second year, while others were able to plan for the two years from the beginning. This of course made it possible for the better correlation of studies, which will be far more satisfactory in the end.

Another question so often asked is in regard to positions. I think the statistics can best bring out the point desired. During this school year twenty-one inquiries have been received from institutions all the way from Boston to San Francisco. Positions to be filled were those of superintendent, or assistant superintendent of hospital, or training-school, head nurse, housekeeper, and seven desired dieticians. The many calls for nurses to take full charge of foods and dietaries for the entire institution suggest a demand far beyond the supply. The salaries in a number of instances were not given, but those that were given range from forty to one hundred dollars a month.

Money received since the last report for the Hospital Economics Course: Mrs. Everett Wheeler, through Miss Nutting, \$100.00. For the Endowment Fund: Saginaw General Alumnae Association, through Miss Coleman, \$15.00; Toronto General Alumnae Association, through Miss Coleman, \$19.00.

ANNA L. ALLINE.

#### MARRIAGES

In Toronto, Ont., on March 7, Miss Alice M. Oliver, graduate of the Lady Stanley Institute, to Dr. Mortimer L. Dixon, of Frankville, Ont.

In Canandaigua, N. Y., December 20, 1903, Miss Lillian B. Gray, graduate of the Rochester City Hospital, to Mr. Lewis Burton Turst.

In Kansas City, January 3, 1903, Mrs. Edyth Ellis, graduate Rochester City Hospital, to Dr. J. Wesley Bolton, of Iola, Kansas.

In Toronto, Ont., on February 21, Miss Lydia Brown, graduate Rochester City Hospital, to Dr. Richard Kimble Wheeler. Dr. and Mrs. Wheeler will live in Port Huron, Mich.

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#### OBITUARY

THE Rochester City Hospital Alumni Association send the following resolution of sympathy to the sister of Susan B. Anthony:

WHEREAS, the Great Physician has called our beloved friend and distinguished fellow-townswoman, Susan B. Anthony;

Resolved, We extend our deepest sympathy to her beloved sister, Mary S. Anthony.

EMMA A. KNOWLES, Pres.

Mrs. H. L. ST. JOHN, Cor. Sec.

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DIED, at Rockford, Ill., January 5, 1903, Flora E. Walsh, wife of Albert D. Early, leaving an infant daughter five days old. She was a graduate of the Massachusetts General Hospital, class of 1899. The Alumni Association passed resolutions of sympathy at its last meeting.

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THE Graduate Nurses' Association of Savannah have passed resolutions of deep regret and sympathy upon the death of Mrs. Alston Waring, of that city.

Mrs. Waring was Miss Lillie Ellis, class of 1892, The New York Hospital Training-School. Although not actively engaged in nursing for a number of years, her interest in the work and in the profession was keen to the last.

The association has lost one of its most earnest workers and members.

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THE Salem Alumni at a meeting held March 13, passed resolutions upon the death of Miss Annie Murry.

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## EDITOR'S MISCELLANY.

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**TRAINING-SCHOOL NOTES.**—The eleventh annual graduating exercises of the Minneapolis City Hospital Training-School for Nurses were held February 27 in Gethsemane Guild Hall. An interesting talk was given by Dr. C. G. Weston, a member of the Board of Charities and Corrections and as such on the Hospital Committee, giving a history of the organization of the school in 1893 and following it in its branches of development to the present day. Rev. Irving P. Johnson took up the spiritual side of the work and spoke highly of the chosen profession of the young women. Hon. David P. Jones, Mayor of Minneapolis, spoke of the nurse as a professional woman and recommended state registration. Several pleasing musical numbers were given, after which the diplomas were presented by Mayor Jones and the class pins by Miss Bertha Erdmann, Superintendent of Nurses.

When the exercises had been concluded a reception was tendered the graduates and guests by the alumnae of the Training-School. Those who graduated were Misses Mathilda Carlson, Josephine Armstrong, Nellie McKellep, Helen Wilmes, Alma Hedemark, and Jennie Carlson. This is the first class graduating from a three-years' course.

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### POST EXCHANGE AND AMUSEMENT HALL FOR CONVALESCENTS.—

It is planned to furnish a post exchange and amusement hall for the use of patients of the general hospital at the Presidio of San Francisco. It has been found most desirable that, in addition to the 150 hospital corps men stationed there, the numerous convalescent patients have a place of recreation and amusement without being compelled to leave the hospital reservation, it being manifestly incompatible with hospital discipline to permit convalescents to absent themselves from the hospital reservation in search of amusement whenever they so desire; also it is not desirable to have the hospital corps men habitually absent from the reservation. It is believed that this plan will constitute an important factor in the treatment of patients, as well as aid very materially in their recovery.—*American Medicine.*

## CHANGES IN THE ARMY NURSE CORPS

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### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MARCH 13, 1906.

BAUER, Mrs. CHRISTIANA M., now on duty at the General Hospital, Presidio of San Francisco, California, under orders to sail to the Philippines Division on or about March 25.

BRENT, HARRIET E., graduate of the Presbyterian Hospital, Philadelphia, class of 1903, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

FISHTOWN, HARRIET, formerly on duty at the Division Hospital, Manila, P. I., discharged.

HALLY, MARY C., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HOWARD, CARRIE L., relieved from duty at the Division Hospital, Manila, P. I., and sailed on the transport Sheridan March 4, en route to the United States for assignment to duty.

JAMES, AGNES F., arrived in the Philippines Division in December; assigned to duty at Base Hospital, Iloilo.

MOORE, NELLE, transferred from the Military Hospital, Zamboanga, to the Post Hospital, Camp Keithley, Mindanao, P. I.

NAGLE, MARY E., arrived in the Philippines Division in December; assigned to duty at the Division Hospital, Manila.

PIERCE, MARGARET, transferred from the Base Hospital, Iloilo, to the Post Hospital, Camp Keithley, P. I.

RIORDAN, MARIE A., relieved from duty at the Division Hospital, Manila, P. I., and sailed on the Sheridan March 4, en route to the United States for assignment to duty.

SALTER, Mrs. MARGUERITE, now on duty at the General Hospital, Presidio of San Francisco, California, under orders to sail to the Philippines Division on or about March 25.

WILLIAMS, ETHEL EDNA, graduate of the Los Angeles County Hospital Training-School, class of 1901, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

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